



Veteran Intercepts in the Criminal Justice System

Minimizing Collateral Consequences for Veterans in the Criminal Justice System with Deflection, Diversion, and Intervention

INTERCEPT 0

Non-crisis deflection

INTERCEPT 1

Pre-arrest deflection

INTERCEPT 2

Initial detention and court hearings

INTERCEPT 3

Jails/courts

INTERCEPT 4

Reentry

INTERCEPT 5

Community services

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Veteran Intercepts in the Criminal Justice System: Minimizing Collateral Consequences for Veterans in the Criminal Justice System with Deflection, Diversion, and Intervention.

Written by the National Institute of Corrections, Justice-Involved Veterans Network. Edited by Donna Ledbetter, National Institute of Corrections.

The Justice Involved Veterans Network, under the sponsorship and in partnership with the National Institute of Corrections, has developed this white paper to help identify opportunities at every point in the criminal justice system to deflect, divert, and intervene at the lowest level possible and to minimize the collateral consequences of a veteran getting more deeply involved in the criminal justice system.

NOVEMBER 2022 | Project Number 22C6002

Acknowledgments

We continue to be grateful to those who gave their time and shared their insights, without which this publication would not have been compiled. We extend our deepest appreciation for the work they are doing to make communities safer, and for the opportunities at every intercept of the criminal justice system being provided to justice-involved veterans so they can receive “A Second Chance.”

Special thanks to the National Institute of Corrections, Justice-Involved Veterans Network (JIVN) members who volunteered their time to significantly contribute to the approach and content for this project:

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Additional thanks to our colleagues at the National Institute of Corrections for their support of this project and to the Veterans Compendium Project.

A special thanks to Bernard Edelman, Vietnam Veteran, author/editor/contributor to all of NIC's Veterans Compendium Project publications, who passed away in November 2021, for all of his time, efforts, and contributions towards our work over the past decade, and his continuing inspiration to the JIVN.

Lastly, thank you to the COPS Office for their contributions and providing graphic design services for this publication.

Accession Number: 033665

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This document was funded by the National Institute of Corrections, U.S. Department of Justice. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice. The National Institute of Corrections reserves the right to reproduce, publish, translate, or otherwise use and to authorize others to publish and use all or any part of the copyrighted material contained in this publication.

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Epigraph/Prologue

Our debt to the heroic men and valiant women
in the service of our country can never be repaid.
They have earned our undying gratitude. America
will never forget their sacrifices.

—President Harry S. Truman

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Abstract

This white paper is a collaboration between the National Institute of Corrections, the Substance Abuse and Mental Health Services Administration, the U.S. Department of Veterans Affairs, and the National Institute of Corrections-sponsored Justice-Involved Veterans Network. This effort reflects the original Sequential Intercept Model (SIM) that was developed in the early 2000s by Mark Munetz, MD, and Patricia A. Griffin, PhD, along with Henry J. Steadman, PhD, of Policy Research Associates, Inc. The original intent of the Sequential Intercept Model was to “envision a series of ‘points of interception’ or opportunities for an intervention to prevent individuals with mental illness from entering or penetrating deeper into the criminal justice system” (Munetz & Griffin, 2006). The current project builds on prior efforts to adapt (as V-SIM) the original SIM to the justice-involved veterans population challenged by various forms and degrees of mental illness, as well as by substance abuse, and by the trauma from physical injuries (with psychological trauma-overlapping Traumatic Brain Injury of particular note). Each decision point in the criminal justice system represents an opportunity to intercede at the lowest level possible and to minimize the collateral consequences of a veteran getting more deeply involved in the justice system.

Foreword

SINCE THE ESTABLISHMENT OF THE FIRST COURT docket for veterans in Alaska in 2004 and the first formal veterans treatment court in Buffalo, New York, in 2008, veterans treatment courts have emerged as one of numerous hallmarks dedicated to meeting the needs of veterans in the criminal justice system. Among the additional programs are veteran-focused crisis intervention training among law enforcement officers, veteran-specific sentencing mitigation, and veterans housing units in prisons and jails, along with numerous other creative targeted efforts.

Since the National Institute of Corrections (NIC) has published a series of white papers addressing the unique needs of veterans with mental illness and other psychosocial challenges who intersect with the criminal justice system at various points along the Sequential Intercept Model continuum. These publications include:

- *Veterans Treatment Courts: A Second Chance For Vets Who Have Lost Their Way*
- *Barracks Behind Bars: In Veteran-Specific Housing Units, Veterans Help Veterans Help Themselves*
- *Law Enforcement Officers: Respecting Service, Restoring Honor for Vets in Crisis*
- *Barracks Behind Bars II: In Veteran-Specific Housing Units, Veterans Help Veterans Help Themselves*
- *Veterans Reentry Programming: Supporting Transition to Civilian Life Across the Sequential Intercept Model*

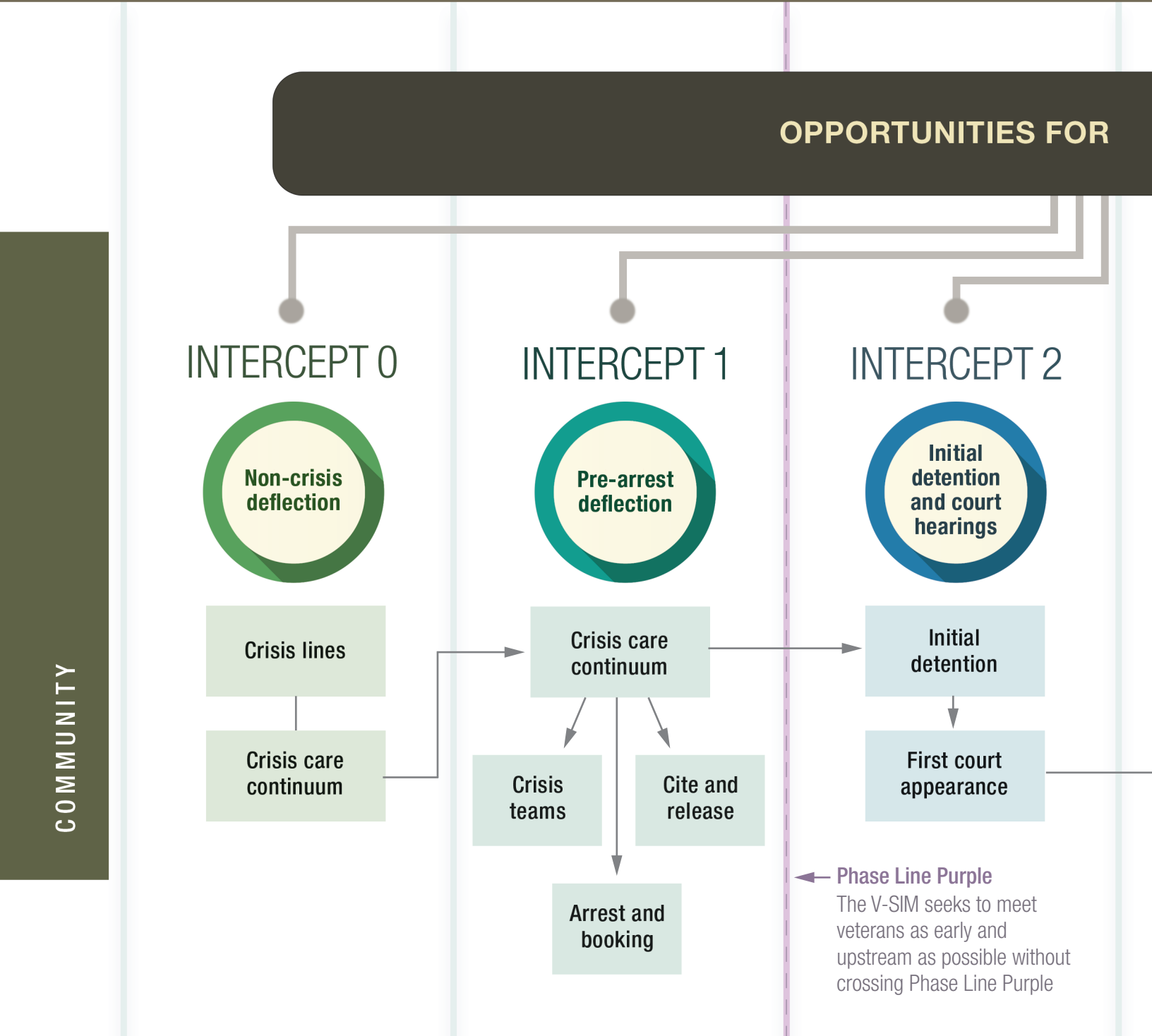
As a center of learning, innovation, and leadership that shapes and advances correctional practice and public policy, NIC continues to address the critical needs of justice-involved veterans and the professionals who work with these veterans. While the previous NIC veteran-specific white papers have explored applied examples of specific intercepts, this guide differs in that it explores the Sequential Intercept Model (SIM) in its entirety, as well as intersections between the various intercepts and the corresponding considerations, resources, and tools.

We thank NIC's Justice-Involved Veterans Network for their contribution to this guide as it offers ideas and opportunities for collaboration, identifies promising, innovative, and best-practices, shares stories of success, and provides alternative solutions for situations in which progression to the next step of justice-involvement cannot be prevented or the interventions cannot meet a given need for the veteran.

We value the field's commitment to helping to improve practices that not only improve public safety but improve the lives of veterans who might be struggling after their military service. We hope this guide serves as a roadmap for jurisdictions looking to support veterans and safe communities.

Shaina Vanek
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Veterans Sequential Intercept Model (V-SIM)

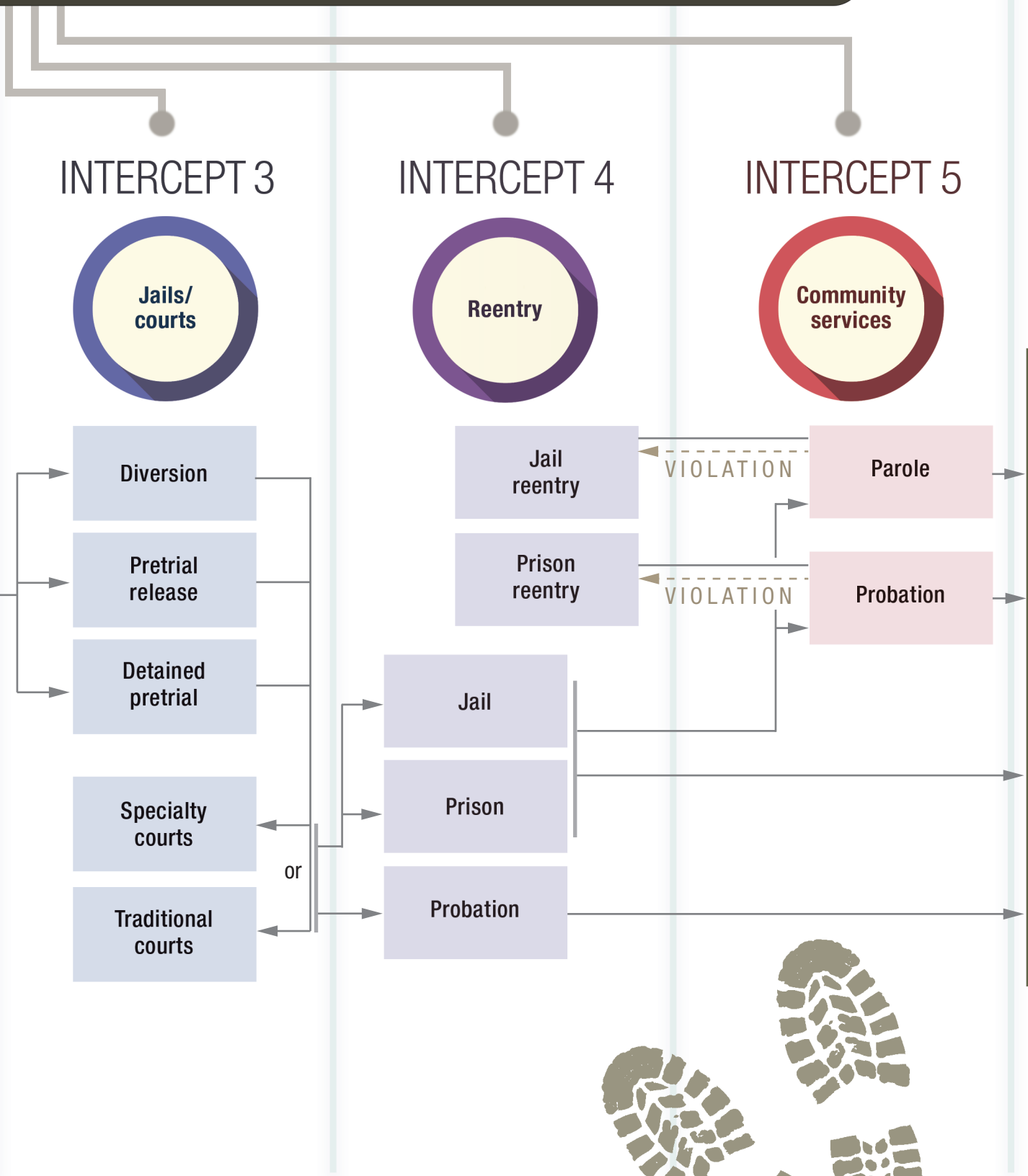


The National Institute of Corrections worked collaboratively with the Substance Abuse and Mental Health Services Administration and the U.S. Department of Veterans Affairs to adapt the sequential intercept model for the justice-involved veterans population.

Each decision point in the criminal justice system represents an opportunity to divert and intervene to minimize the collateral consequences for a veteran getting more deeply involved in the justice system.

Sample Intercept Decision Points

DEFLECTION AND DIVERSION



Introduction

ALMOST ALL MILITARY VETERANS are law-abiding following their military service, with arrest and incarceration being foreign concepts to them and their families. Contrary to the prevalent stereotypes of “violent veterans” who are “ticking time-bombs” lurking in the civilian community, consistent research demonstrates that military service correlates with improvement of socioeconomic and life outcomes largely based on the experience, leadership, skills, values, and education that veterans gain while in uniform. The unique duties and demands of military service, however, can increase the risk that military members will experience adverse effects on their mental and physical health based upon certain dangerous experiences they have had. The military now recognizes that there are inherent risks that some service members will become involved in the military justice system because of service-related mental health conditions. Civilian communities have seen the way those same health conditions, if left untreated, are revealed in the civilian criminal justice system.

Though not without an eye toward Vietnam and prior service era veterans, the experience of veterans returning from the wars in Iraq and Afghanistan has prompted civilian criminal justice institutions to initiate a range of diverse programs to address the needs of justice-involved veterans throughout the criminal justice system. Over the years, lessons learned have led to the development of specific tools and institutional practices that have helped identify justice-involved veterans and link them to tailored resources that address their military cultural and combat experiences. It is particularly helpful to understand and use these resources through the framework of Muntez and Griffin’s SIM, as modified in recent years, which delineates interven-

tions at distinct stages of the criminal justice system that have been recognized to address the needs of justice-involved veterans. While the SIM (and now V-SIM) emphasizes that there are *always* resources available to incorporate treatment and wellness at any stage in the continuum, it also highlights interventions that may be more effective at a given stage considering the needs of an individual at a specific time and the respective stakeholders and organizational structures at a stage.

NIC has structured this guide, designed for those dedicated to the advocacy for and care of justice-involved veterans, to progress from Intercept 0 to Intercept 5. Specific tools and resources related to a particular intercept are highlighted at the end of each section and are provided in full at the end of this guide. Content included in the sections describing the V-SIM intercepts include a range of the following:

- introductory description of the intercept with accompanying veteran/program success story;
- definition of the target population;
- promising practices and related tips for engagement of stakeholders;
- key structural components necessary to carry out intercept-specific interventions;
- methods for screening and assessment of veterans;
- evaluation of intervention effectiveness, with focal attention on measurement of expected outcomes;
- alternatives for situations in which progression to the next step of justice-involvement cannot be prevented, or the interventions cannot meet a given need; and
- summary of intercept-specific tools and resources (explored more fully in the end-of-publication materials).

A cursory review of the intercepts should quickly convey the fluidity of programs and tools. In practice, it should reveal which of these may have utility and relevance at different stages of justice-involvement. For example, the same referral publications that can be used at intercept 0 to assist a veteran in understanding the availability of free resources to address family law problems prior to arrest or incarceration may have high value to the same veteran later in time after

being accepted into a diversionary program, a veterans treatment court program, or released from a term of incarceration. As a result, when using this guide, the authors recommend that a provider review each of the tools, resources, and considerations at each intercept level to enrich the application of a given intervention.

The National Institute of Corrections (NIC) created this publication to expand the SIM even further for veterans, because veteran's access to services may be prohibited or moderated based upon that veteran's status. Particularly relevant to these concerns is a veteran's eligibility for certain Veterans Affairs (VA) benefits based upon his or her status of incarceration and/or military discharge characterization. The organizational structure of this publication maps veteran-specific treatment considerations and the nature of resources (VA and non-VA) to the broader justice system intercept points, which are listed below.

- **Intercept 0 | Community Services:** Focus on Deflection and Leveraging Community Resources
- **Intercept 1 | Law Enforcement and Emergency Services:** Deflection and Diversion: Finding Veterans Before Crisis
- **Intercept 2 | Initial Detention and Court Hearings:** Early Identification of Veteran Status in Detention or Court Settings
- **Intercept 3 | Jails/Courts:** Opportunities for Clinical Services and More Intensive Supervision
- **Intercept 4 | Reentry:** Preparing for Reentry with Responsive Services
- **Intercept 5 | Community Services:** Identifying and Addressing Veterans Needs through Assessment and Case Planning

A detailed description of each intercept follows.

Intercept 0

Intercept 0, the initial community services stage, is a newer (2017), sixth addition to the original five-intercept SIM developed in 2006. Central to this intercept is the recognition that resources are available at the community level that may deflect veterans from the need for interventions at Intercept 1, the law enforcement and emergency services level. Perhaps offering the best

opportunity to prevent justice-involvement, a major focus at Intercept 0 is the identification of an individual's status as a veteran. This includes individuals who may face heightened risks of adverse life experiences. It is noteworthy that interventions for veterans at Intercept 0 may overlap with interventions at Intercept 1, especially given that "law enforcement and community services often communicate information back and forth as a means of preventing further penetration into the [justice] system" (Comartin et al., 2021, p. 78).¹

Current thought is that development of an Intercept that serves active duty military members will be an essential complementary addition to Veteran Intercepts in the Criminal Justice System. As the original Sequential Intercept Model (and later added Intercept 0 of the current Model) were designed to accommodate all persons with mental illness in the criminal justice system, the model did not contain military-specific considerations. To augment this veteran-focused Model, it is proposed that this new intercept, as Intercept 0-M (Military), be added.

Fully effective response to many Veterans begins with responsiveness to and intervention with even prior to their Veteran status - while active duty service members at the early points of their personal distress and/or legal entanglement (while serving). This extension of Intercept 0 recognizes that it may be possible to preserve partnership with the Veterans Administration in conjunction with the various benefits available to justice-involved service members, such that they will have access to needed resources following their separation from military service. The absence of these resources can make re-entry and rehabilitation far more difficult in the event that former service members continue to be justice-involved in the civilian community following military separation.

A proposed, detailed Intercept 0-M can be found in the Addendum section of this publication.

1. Comartin, Erin B., Victoria Nelson, Scott Smith, and Sheryl Kubiak (2021). The Criminal/Legal Experiences of Individuals with Mental Illness Along the Sequential Intercept Model: An Eight-Site Study. *Criminal Justice and Behavior*, 48(1): 76-95.

Intercept 1

Intercept 1 represents the law enforcement and emergency services stage of justice involvement. Also, heavily dependent upon identification of veterans, this intercept reflects the response to those with discernable needs and the ability to coordinate warm-handoffs between responders and sources of treatment, housing, services, and recovery. This intercept highlights the benefit of training responders in crisis intervention and the recognition of symptoms of mental illness, as well as substance use, and the trauma from physical injuries -especially Traumatic Brain Injury (TBI) - such that they may deflect to appropriate resources outside of a criminal justice pathway. Other notable tools at this intervention point include co-responder teams of both law enforcement and mental health providers or peer counselors. With leverage of these strategies and specific resources, arrest or initial detention and hearings which often limit the range of options available in community settings can be markedly reduced.

Intercept 2

Intercept 2 consists of the initial detention and hearings stage of justice involvement. Salient features involve booking and arraignment and the crucial period immediately before an individual completes a risk assessment. Tools and resources at this stage allow an individual to be triaged for mental health conditions and associated or other symptoms. Equally important, justice administrators must have access to and knowledge of the eligibility criteria for treatment-based diversion and other court programs, including those for people with mental illness. As applied to veterans, Intercept 2 works most efficiently when local criminal justice administrators have supplemental assistance from specially trained employees, such as Veterans Justice Outreach specialists (VJO) from the U.S. Department of Veterans Affairs (VA).

Intercept 3

Intercept 3 comprises the jail and court's stage of justice-involvement. Although traditional courts, veterans treatment courts, and post-booking diversion services are most associated with problem-solving courts, Intercept 3 also focuses on sentencing guidelines and mitigation factors that should be applied to justice-involved veterans. Even where incarceration may be inevita-

ble, Intercept 3 provides a tremendous opportunity to set the foundation for and explain to the veteran what needs to be accomplished for consideration of an early release, community corrections, or intensive, veteran-focused case management (Comartin et al., 2021).

Intercept 4

Intercept 4 relates to reentry back into the community after release from jail or prison. This intercept involves supported reentry to reduce further justice involvement. Planning for reentry should begin at the initial stages of detainment or incarceration and should further incorporate a number of factors such as: access to mental health and other psycho-social treatment (optimally initiated during incarceration and certainly after release), access to safe housing, initial enrollment or re-enrollment for veterans benefits, seeking meaningful employment (or developing a plan to do so), and attending post release reporting obligations, if applicable, as discussed in Intercept 5.

Intercept 5

Intercept 5 consists of community corrections. This intercept involves community-based criminal justice supervision for released individuals with added supports to help them prevent violations or reoffending. Once a justice-involved veteran is released into the community, the goal is to empower that veteran to become independent, build life and work skills, and participate in the services identified in their reentry plan.

While each of the above intercepts has defining characteristics, it is critical to recognize that the approaches and resources associated with a given intercept may have utility at other intercept points along the spectrum of justice involvement.

The fluidity and interchangeability of the SIM that applies to veterans further applies to actively serving military members in a similar manner. We discussed in the veteran-focused model that the primary concern is preventing arrest and incarceration, but nonetheless creating a positive construct if it occurs. . The main concern for actively serving military members is to avoid a military discharge that can limit the ability of the service-member to obtain benefits and to avoid a transition process that adversely affects a successful separation from military service. A

military intercept concerning discharge and separation from military service would be unique. It would address the way military commanders and the military justice system apply standards differently in dispensing discipline and the way they process those leaving military service to rejoin the civilian community. Recognizing that coordination with community resources is presently underutilized, but yet very valuable for active service-members to utilize in the transition to veteran status, this volume includes a further resource in the addendum, “Intercept 0-Military (0-M),” that has been tailored to these special considerations. Suggested is a future formalization of a 0-M subcomponent of Intercept 0 to best serve the military and veteran populations.

The contributors to this publication sincerely hope that the comprehensive review of these intercepts, as applied in various existing community and justice systems, will inspire further innovation in meeting the diverse and pressing needs of justice-involved veterans.

INTERCEPT 0



Intercept 0 Community Services: Focus on Deflection and Leveraging Community Resources

By John Darcy, Dr. Blake Harris,
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THE FIRST DECISION POINT—INTERCEPT 0—occurs in the community. This initial community services stage of the model involves opportunities to identify veterans and deflect them into local, community-based treatment, housing, services (inclusive of crisis care services as appropriate), and recovery before and without relying on an arrest or awaiting a crisis (e.g., overdose, Severe Mental Illness episode). The best way to halt the cycle of criminal justice involvement and homelessness among veterans is to prevent it from starting in the first place.

To be able to successfully deflect veterans at Intercept 0, it is important to have services available that do not require people in crisis to call 911, thereby reducing interaction with law enforcement. These types of crisis care services can connect people with treatment services without arresting

What is deflection?

Deflection is a relatively young field of practice that leverages the millions of encounters law enforcement has annually with citizens to create a rapid, low-barrier pathway to community-based treatment, housing, services, and recovery. Deflection provides a new, third option to police—other than arrest or taking no action—when responding to people whose drug use or mental health issues are the drivers for their often-repeated encounters with first responders (including fire fighters and Emergency Medical Services). Ideally, deflection is an early, upstream intervention that does not wait for a crisis to take place. It works without fear of or use of arrest, or entry into the justice system as a prerequisite for connecting people to care. More about deflection and the pathways to deflection can be found at the PTACC National Deflection Resource Center.

www.ptaccollaborative.org

them or charging them with a crime. Crisis teams can enroll veterans in, or refer them to, community mental health, substance use, and/or Veterans Administration (VA) health services, admit them to a VA or community hospital, place them in transitional housing or residential treatment, and assist with outpatient treatment and suicide prevention services. These services address the true needs of the veteran without criminalizing them unnecessarily.

Story of Success

SIM Intercept 0, like other intercepts, is fluid in nature. However, with its focus on deflection through leveraging renewable community resources, Intercept 0 is broader in scope than other intercepts and is also the only intercept that wraps and connects with all the other intercepts. Although there are many examples of meaningful differences being made in the community, we begin with the development of the Suffolk County, New York, Veterans Traffic Court.

<https://www.tickethelp.com/traffic-ticket-blog/service-no-summons-veterans-ticket-program/>

This program was developed in recognition of the fact that there are earlier points prior to booking for criminal activity where at-risk veterans can be identified as they begin to enter the criminal justice system . Specifically, aggressive driving incidents could serve as potential

warning signs of later justice involvement or treatment needs that worsen over time and lead to more significant offending than mere traffic infractions. The veterans traffic court was built on the idea that veterans who were identified in the traffic court context would benefit from coordinated resources and tailored judicial oversight at the level where they encounter an administrative law judge. Notably, these courts do not involve misdemeanor or felony charges, and they are treated simply as municipal traffic citations. This is important as it does not place a criminal conviction on the veteran's record. This is a profound example of SIM Intercept 0 because it recognizes opportunities to intervene with veterans prior to major offending and justice involvement, thus preventing more serious offenses in the future. Additional veterans traffic courts have been developed by jurisdictions since the pioneering development of Suffolk County's first one in 2017.

Target Population

SIM Intercept 0 interventions occur prior to and without the necessity of booking and may include community services independent of law enforcement engagement as well as specific efforts from law enforcement to identify veterans for deflection and pre-arrest deflection/diversion opportunities prior to booking. At the broadest level, the target population is veterans who may potentially become justice involved. The crucial aims for this target population are to: (1) develop a method for identifying veterans as early as possible among others in a population and (2) record this information and act on it by engaging in referral and coordination with veteran-specific services where appropriate and available. It is a well-researched point that early clinical interventions lead to better and more durable outcomes.

Best /Promising Practice

Numerous and varied efforts are occurring that are designed to specifically heighten awareness among law enforcement officers about the unique needs and issues they encounter among veterans and to share strategies that increase the likelihood of successful outcomes for both veterans and officers. The following represents the curriculum in use in a Tennessee jurisdiction.

Agenda for Specialized Training for Law Enforcement and Community Officers

Module I – Course Introduction and Overview

This module presents a brief overview of the various combat conditions and challenges many veterans experienced during their tours of duty and demonstrates that veterans may be at a higher risk for stress-related disorders and have difficulty readjusting to civilian society.

Module II – Converging Conditions

This module addresses recent “converging conditions” for returning veterans indicating higher risk for stress-related disorders and challenges readjusting to civilian life. It extrapolates these conditions to identify situations whereby law enforcement personnel will be called to respond to veterans in crisis whose military training and combat experience may be hazardous to law enforcement responders.

Module III – Stress-related Disorders

This module presents stress-related disorders faced by returning veterans. It examines areas that psychologists identify as underlying themes in many emotionally disturbed persons (EDPs) with veteran status.

Module IV – Reintegration Challenges of Returning Veterans

This module presents information on the challenges faced by many returning veterans as they attempt to reintegrate into civilian life and to understand how this adjustment may affect family members.

The course presents proven techniques to create dialogue, rapport, and common reference points for application of negotiation and de-escalation principles. Case studies of successful application of these techniques are explored to provide a template for operational use. Finally, officer safety principles are emphasized to counter the increased risk that may be encountered by law enforcement personnel in these situations.

cont'd on page 29

**Agenda for Specialized Training for
Law Enforcement and Community Officers** *cont'd from page 28*

Module V – De-escalation Techniques for Veterans in Crisis

As with module IV, the course presents proven techniques to create dialogue, rapport, and common reference points for application of negotiation and de-escalation principles. Case studies of successful application of these techniques are explored to provide a template for operational use. Finally, officer safety principles are emphasized to counter the increased risk that may be encountered by law enforcement personnel in these situations.

Module VI – Support Resources for Veterans and their Families

This module presents information on various resources available to veterans and their families who are dealing with the results of PTSD or who are having difficulty reintegrating into civilian life.

These training materials are adapted from the Upper Midwest Community Policing Institute's *COPS Training: Public Safety De-escalation Tactics for Military Veterans In Crisis* (Aug. 2017). Many thanks to Officer Bob Anderson of the Madison County Sheriff's Office Training Division.

Stakeholders

Any organization in the community that has contact with a veteran is a potential stakeholder in implementing SIM Intercept 0. It is important to recognize that stakeholders need not be associated with crisis-response or emergency situations to play a role in effectuating SIM Intercept 0. Any organization or individual who could inquire and identify a person who has served in the military is a stakeholder crucial to the success of SIM Intercept 0. Because identification is only one element of intervention, an equally important stakeholder is the person educating the veteran, connecting the veteran to services, or making the referral to veteran-specific services that will aid in meeting the veteran's needs.

Tips to Engage Stakeholders

At the institutional level, knowledge and dissemination of local resources for veteran-specific services can be accomplished with referral lists and dedicated veterans' hotlines. Broad dissemination of the Veterans Crisis Line phone number or websites with aggregated lists of veteran-specific services in a specific geographic region can satisfy the vital connector role.

As evident from the veterans traffic court, identification of and connection with veterans in noncriminal court systems and other judicial settings can help reach a population that may have greater needs for intervention and prevent future or further justice involvement. Aside from hospitals, crisis centers, homeless shelters, and other community organizations, the large and growing number of veterans law clinics are an ideal referral source for veterans identified by community stakeholders at all stages prior to booking.

Law enforcement agencies and public services stand to benefit from knowledge of veteran-specific mental health services and other supportive resources in the community. Stakeholders will benefit from identifying veteran-specific interventions across mental health services from the VA, hospitals, and college and university programs to other organizations such as the National Alliance on Mentally Illness (NAMI), PsychArmor, and Give an Hour. Although there are good examples of trained supportive peers who ride with police officers during shifts to provide onsite services to veterans encountered on calls, it is possible to accomplish competent referrals with a vetted referral list and effective real-time communication with service-providers.

Historically, women veterans tend to under-identify as veterans. Special outreach and attention to stakeholders that serve women can be especially useful to ensure women veterans are receiving the services they have earned. One method of reaching women veterans who may be at particular risk is to focus on participants in domestic violence shelters and other programs.

Peer support/outreach to stakeholder groups is an established and recognized best practice. While certainly peer-to-peer engagement efforts (e.g., veteran-to-veteran) can make a significant difference at the individual level, in stakeholder outreach, its importance is to provide an immediate connection between the group and the SIM 0 initiative. This can be especially relevant for stakeholder groups, such as women veterans and veterans who are black, indigenous, and people of color (BIPOC), who have been historically excluded from participation in main-line veterans groups and benefits.

Key Structural Components

Communication is crucial to SIM Intercept 0 as an individual's status as a veteran may be unknown to the intervening person or organization. There are many reasons why those who have served in the military may not desire to identify their veteran status. The decision is largely based on contextual factors such as discharge status, federal activation status, etc. Accordingly, those wishing to identify veterans more readily should use visual and verbal means, such as posters, flyers, verbal announcements, and direct questions. Because various governmental entities have different definitions of who constitutes a "veteran," questions should be phrased at the broadest level, such as "have you served in any military branch, whether active duty, Reserve, or National Guard?" This avoids assessments of combat experience and Reserve service. Special attention to wording of the question may be warranted with women and others who might under-identify as veterans, even when asked.

Effective communication at SIM Intercept 0 also includes giving veterans numerous options to self-identify. Rather than requiring a veteran to announce his or her status in front of others, options should be provided to communicate by text, phone, email, written correspondence, or in a private in-person communication. Oftentimes, it may be difficult to confirm whether a veteran is eligible for VA services. Given the requirements to complete certain steps prior to being allowed access to programs, the best community resources are often those that provide independent knowledge of benefit eligibility. Here, one important resource may be the County Veterans Service Officer appointed to the State Department or Division of Veterans Affairs. Normally, when a veteran departs from service, the military will send a copy of that veteran's military records, including DD Form 214, to the State Veteran Affairs Agencies. State Departments of Veterans Affairs Offices may have copies of these key military records or may have the ability to access them through shared membership in federal VA databases. Alternatively, Veterans Justice Outreach personnel who should have a presence at the criminal courts may be able to identify this key information. For a list of Veterans Justice Outreach professionals, visit:

<https://www.va.gov/HOMELESS/VJO.asp>

The final component of communication at SIM Intercept 0 is connecting with the appropriate referral source, with the ideal being a “warm handoff” to an accessible community provider. One of the greatest impediments to accessing preventive community assistance is hard-to-find or outdated information. Specifically, because many community services are based upon grants that run out over time, it is often the case that contact information becomes outdated and is thereby useless in a short period of time. Phone numbers must work, programs must still be in place, and emails must be received—and read—for effective connection to community resources. Accordingly, any entity conducting a referral must be responsible for periodically checking and updating contact information for referral sources.

One of the underused resources that can help form a bridge to services from the VA or at VA medical centers is the VA police department. Each VA medical center has its own police department that employs specially trained police officers who spend every day working with veterans. Their motto, which appears on police cars is “To protect those who served.” VA police officers have been trained in the Crisis Intervention Team (CIT) model and methods for veterans. They have also gained knowledge of some of the indicators to identify when veterans can use assistance and have knowledge of how to connect veterans with veteran-specific resources. After having identified a veteran who has the need for a particular community resource, it may be advantageous to reach out to the local VA police department and request assistance. While the VA may be less responsive to a request from the community, administrators may pay greater attention when the request is conveyed by a VA police officer. Advance coordination with the chief of the local VA police department can help identify important referral avenues.

Screening/Assessment

Following screening for veteran status, given the special context of SIM Intercept 0, assessment largely depends upon connecting veterans to an appropriate community service that is suited to a specific need. Many veterans have incorrect assumptions about their entitlements, eligibility for special programs, and the nature of services available to them. And in general, many people cannot properly assess their true situation and level of need or care, especially when drug use and mental health concerns such as trauma are involved. It is likely that they have received referrals in the past that did not result in the required assistance.

One challenge in SIM Intercept 0 is potential non-responsivity of veterans to a community service based on referral fatigue—the sense that all options have been exhausted and further efforts are pointless. Effective implementation of SIM Intercept 0, therefore, requires the referral provider to understand the nature and limits of specific services so that the veterans may be matched with services that will be valuable to their individual needs. Competence in referral requires the referral provider to discuss the scope and limits of services and to obtain further recommendations on alternatives from service providers before referring veterans to those services.

Intervention/Response

Intervention at SIM Intercept 0 may include the full range of contact from providing contact information for a referral service to providing direct services to the veteran. Entities responding to veterans at this stage should take the time to create a protocol/script for engaging veterans rather than depending upon impromptu responses. For instance, if a trained veteran peer support staffer is riding with a police patrol, the officer would benefit from having an index card that could be made available to the veteran during a stop or interaction which describes the role and limits of the counselor's services so that the veteran has realistic expectations of how the counselor will assist. Scripts would equally benefit handoffs to the Veterans Crisis Line or the manner of explaining the purpose and limits of a given referral sheet.

Best practice suggests the use of specialized case management (SCM) for veterans. SCM is grounded in the concept of “relentless engagement” with a person that remains alongside another regardless of the services that person is seeking, receiving, has left or completed, or is involved with any service at all. SCM provides support, guidance, motivation, and advocacy alongside an individual. SCM also allows the systems that make up the network of providers, services, and resources to have a single point of connection to veterans. Further, SCM creates a system of feedback, communication, and accountability or a “bridge” that might not otherwise exist in a given community.

In the American justice system, SCM has been formally used since 1972 when the Treatment Alternatives to Street Crimes (TASC) model was introduced by the federal government as a means of connecting treatment services in lieu of arrest to Vietnam veterans who had returned from service with heroin addiction, or if they had been arrested, in lieu of prosecution and

prison. Now, 50 years later, the United States is continuing to give special attention to the treatment of veterans in the American justice system and its effects when community-based treatment, housing, services, and recovery are available.

Measurable Outcomes

It may be difficult to determine whether a particular intervention at SIM Intercept 0 ultimately results in cessation of justice involvement or treatment of outstanding health conditions. Short-term outcomes are more likely to be related to a specific intervention rather than long-term outcomes that might be linked to later interventions by other entities. In referral scenarios, it would be beneficial to collect data on the effectiveness of a specific referral from the referral source. This includes getting real-time feedback from the veteran being served at the time of resource planning. This helps ensure that the veteran's needs are being accurately addressed while also encouraging buy-in and combating referral fatigue. Following the referral chain, ongoing measurement would assist in identifying the types of services that are more suitable to respond to specific situations, especially when there are multiple referral options. For any community resource addressing a specific circumstance in a veteran's life, it benefits the resource to keep in contact with the veteran to identify the value of the service to the veteran at different stages after initial intervention. If it is not possible to obtain post-intervention data, on-the-spot feedback should be solicited through short surveys. Reengagement with the same resource post-intervention may indicate a positive experience and value added.

If Progression to Intercept 1 is Unavoidable

SIM Intercept 0 is unique from other intercepts in that it is often viewed interchangeably or as a component of Intercept 1, when in fact, this greatly misses the opportunity this intercept presents. Further, Intercept 0 is the only intercept connected to all the other intercepts. A near 99% of everybody who has contact with the justice system will remain in or return to the community in time.

Intervention by law enforcement at Intercept 1 does not mean that SIM Intercept 0 interventions were ineffective. If arrest or booking is unavoidable, it is still extremely valuable to identify community resources available to justice-involved veterans at Intercept 1 because access to targeted services in the community (as well as commitments of those services to assist a jus-

tice-involved veteran) can create additional options for diversion from confinement at later SIM intercept levels. Accordingly, efforts to coordinate with community services and obtain their commitments should continue through involvement with Intercept 1. This is even more pressing in cases where veterans would be ineligible for VA treatment or other programs and would require treatment from community services. Alternatives to federal programs vary by jurisdiction and are often operated by private or nonprofit organizations. Veteran service organizations and other entities can help develop resources for veterans who are not eligible for VA benefits. Check with local Veteran Justice Outreach specialists along with services providers in your jurisdiction about potential options for private or nonprofit assistance where the government is unable to provide services.

If Intervention/Response is Unsuccessful or Does Not Meet the Need

It is vital to understand that SIM Intercept 0 does not end when the veteran is booked by law enforcement. As long as the veteran may benefit from community services, SIM Intercept 0 communications and interventions may aid that veteran at subsequent stages of the SIM, especially at a time of reentry into the community. In Boston, Massachusetts, for example, a veteran who had been convicted of sex crimes developed a program to assist other veterans just released into the community following incarceration, specifically to help them avoid the types of monumental challenges he had faced. The program provides a prepaid cell phone and assistive resources for identifying housing and employment options. As a community service to sex-offending veterans, the program is extremely valuable at the reentry stage of the SIM.

Resources - Technical Assistance

The following are resources in the community to help veterans at SIM Intercept 0:

- Legal Aid organizations specializing in veterans issues, including homelessness
- The Department of Veterans Affairs community programs
- State veteran affairs agencies
- Veterans service organizations and associations, such as the Wounded Warrior Project
- Mental health associations, such as NAMI

- Organizations that focus on women and BIPOC veterans that can provide cultural competency to the resources and services provided

There are a number of veterans service organizations and other resources provided in the resources section of this publication.

Resources - VA



The VA has recognized the need and value to partner with community organizations to provide services for veterans in the community. In recognition of unmet needs, the VA has developed regional Veteran Community Partnership (VCP) programs to help identify resources that supplement or substitute for VA services, especially for those veterans who are ineligible for VA programs.

These programs have unique knowledge of the needs of local veterans and the range of services that are available to them and can assist organizations in identifying community resources. The VA describes how the regional VCPs are able to, among other services:

- Exchange information between VA and community agencies in an effort to keep both informed of local and VA resources, strengths, and potential growth areas
- Educate community agencies about specific veteran-related issues and benefits
- Provide community outreach educational programs for veterans groups/community agencies to provide information on the VA continuum of care, available resources, and options.

<https://www.va.gov/HEALTHPARTNERSHIPS/docs/VCPFactSheet.pdf>

For additional VA resources please refer to the resources section at the end of this publication.

INTERCEPT 1



Intercept 1 Deflection and Pre-Arrest Diversion Finding Veterans Before Crisis

By Jac Charlier, Cynthia Gray, Ron Self, Katie Stewart

INTERCEPT 1 INVOLVES DEFLECTION, identical to Intercept 0, and pre-arrest diversion (a specific form of deflection applicable which is practiced only by law enforcement); other emergency service providers, like the fire department and emergency medical services; and community-based services that can screen the people they encounter to determine their eligibility for veterans services. In a veterans deflection initiative, specialized case managers handle this function. However, upon contact with an individual, law enforcement can help by asking a simple screener question such as, “Have you ever or do you now serve in the U.S. military?”

At Intercept 1, opportunities for deflection and pre-arrest diversion can occur when:

- Law enforcement officers understand and flag signs of mental health issues and substance use disorders among the people they encounter. From here, officers can conduct a “warm-hand off” to appropriate community-based services.
- Crisis intervention teams are aware of services available for veterans and can either enroll or refer them.
- Law enforcement places charges in abeyance and without processing a veteran into the justice system, conducts a “warm-handoff” to appropriate community-based services. This form of deflection is sometimes referred to as pre-arrest diversion.
- Local booking teams and bail entities screen individuals for veteran status and make appropriate enrollments or referrals.

Deflection and diversion are complementary practices. Communities working at the nexus of health and justice systems should look to work together to create the most pathways for individuals that steer them away from justice involvement (deflection) without entry into the criminal justice system. They can also develop pathways out of the system (diversion) for individuals who have entered the criminal justice system or similar “deep end” systems. Deflection can be found at SIMs 0 and 1. Diversion can be found at SIMs 2–5.

Deflection

Services offered by the Military Liaison Group (MLG), a veterans response team maintained by the Cincinnati Police Department, are one example of veterans deflection. MLG consists of law enforcement officers with military histories and those who have a passion for serving veterans in their respective communities. MLG functions by coordinating and supporting police responses within the greater Cincinnati region for veterans in crisis and/or those who need additional services. Since its inception in 2014, MLG has sought to partner with and support other police agencies in identifying alternatives to incarceration for veterans who may require a more nuanced response where mental health and substance abuse issues are concerned. MLG officers also partner with Veterans Justice Outreach (VJO) Specialists at the Cincinnati VA medical center to address veteran deflection initiatives and cases they encounter out in the field. VJO is a bridge between veterans and the law enforcement agencies they encounter. They

guide officers in real time on veterans clinical needs, when allowable, consultation on emergency and/or homeless services available, and in most cases direct case management activity with veterans themselves.

More broadly, MLG is a community-built collaborative of community, civic, veterans, justice, and health organizations working together to respond to veterans and their families regarding behavioral health issues at the earliest point possible. In deflection initiatives, every encounter with law enforcement (and EMS if they are part of the program), is an opportune time to make



VET CIT Training in Apex, North Carolina

Law Enforcement officers in North Carolina take Crisis Intervention Training, VET CIT is a two day class that builds off of the CIT training they received and deliver veteran specific training and resources to law enforcement, including role playing and feedback on how they handled the crisis situation.

treatment, housing, and other services available, without fear of arrest or need for a crisis.

Diversion

Opportunities for diversion are readily available at numerous points in the justice system. These points are identified whenever a person can be safely released to the community at the earliest possible decision point and time. This might involve some combination of justice supervision as well as treatment and services based on a person's

risk-need profile. It is through the use of criminogenic risk-need tools that people are able to be identified for diversion. For diversion to be done properly, and hence effective and safe, community-based interventions that address the identified needs of an individual must be readily available, and as applicable, combined with management of an individual's risk.

Unlike the newer field of deflection, diversion is known to have existed in some form for over 150 years, and in the unique historical case of veterans, goes back many centuries. Parole today is a form of diversion received after a period of penal incarceration, but the word itself, "parole," is French for "to give one's word." Hence, captured soldiers would, in exchange for their freedom after capture, lay down their arms and give their parole that they would not fight again.

The ability to provide for large numbers of enemy combatants was a massive strain on militaries (personnel, food, resources), so paroling people worked well when both sides did it. The military practiced parole due to limited resources, which is identical to the situation that justice systems face every day.



Dayton, OH Officer Shaina Newell performing a welfare check

Related, numerous, readily known examples of diversion in the United States justice system can be found in the use of bail (diversion from being held in jail while awaiting trial), release on recognizance (identical to bail but without a financial cost), home confinement with or without electronic monitoring (diversion from time in a custodial facility), alternative prosecution programs (diversion from entering a trial process that might lead to conviction and instead facilitates completion of required

programming), probation (diversion from incarceration or for a shortened period of incarceration), parole (diversion to the community via release from prison to complete a sentence), and treatment or specialty courts, including veterans courts (diversion from entry into prison and instead completion of required programming).

Stories of Success

Finding Veterans Before Crisis: Susan’s Story

A Meals on Wheels worker noticed unusual behavior coming from an older woman he regularly delivered meals to, so reached out to local law enforcement to request a wellness check. The worker explained that Susan was a veteran with a chronic illness and financial challenges. Susan had been receiving support from Meals on Wheels for a while but had become increasingly anxious about the meal delivery workers. She had begun accusing them of trying to break into her home. The Meals on Wheels representative was connected to Cincinnati’s Military Liaison Group (MLG) – a team of first responders who are also veterans and who collaborate to provide a culturally specific response to deflect veterans in the Greater Cincinnati region

into care. MLG worked with Susan's local law enforcement to coordinate a wellness check at her home. Upon arrival, MLG staff and local police were able to establish an immediate connection with Susan through their shared military experience. She was receptive to the conversation with MLG, and their offers of assistance. Susan shared that she served as a chaplain in the United States Army and was discharged in the 1990s when she received a diagnosis of multiple sclerosis; she medically retired with a 25% pension. Since her discharge, her physical condition had deteriorated, resulting in significant medical bills that she was struggling to make ends meet. Susan's adult child was managing her finances; however, they weren't managed responsibly. Based on Susan's report, MLG also had concerns that a neighbor of Susan's may be exploiting her financially.

The MLG reached out to one of the Veterans Justice Outreach (VJO) Specialists at the Cincinnati VA medical center. The VJO Specialist joined MLG at Susan's home to assess her situation and needs. The VJO Specialist determined that Susan was fully eligible for VA healthcare services, providing a full array of medical care and benefits; she had been unaware of this and had not accessed this life-saving resource. Additionally, MLG connected Susan to an attorney to help resolve her financial issues and arranged for an Easter Seals Veteran program outreach worker to provide short-term case management and follow up as necessary.

The MLG continued to offer support to Susan. Within several weeks, they met with veteran service organizations on her behalf, requesting an amendment to her 25% disability rating. With their guidance, Susan filed for and received a 100% service-connected disability claim, and she continues to receive healthcare from the VA for her chronic health conditions. Even more remarkably, her attorney (recommended by MLG) located an unknown account in Susan's name that contained substantial savings from more than 20 years of her pension. Today, Susan is financially stable, receiving treatment for multiple sclerosis, and has access to supportive mental health and social services.

Military Liaison Group: A Model for Veteran Support

Susan's story ends positively, in part, due to the engagement of Cincinnati's MLG. Initially established by leaders in the Cincinnati Police Department, the MLG is a collaborative group of veterans who are currently serving as first responders in the Greater Cincinnati area. The

MLG is a centralized resource for veterans in crisis, providing culturally appropriate response carefully coordinated with the local VA health-care system. By deflecting veterans out of the criminal justice system and into the VA health-care system, the MLG helps veterans like Susan to thrive, instead of move from crisis to crisis.

Why Is It Important to Reach Veterans Before They Are in Trouble?

Waiting for a crisis should not be the driver of support, yet crisis encounters, whether for mental health or substance use, are often the first problems that communities target for intervention. Since 2008, communities have developed infrastructures to support the needs of



**Warrior Canine Connection
in support of the Buncombe
County Veterans Treatment
Court, Asheville, NC**

veterans who are involved in the criminal justice system (e.g., veterans treatment courts (VTC) and veteran-specific housing units in jails and prisons). Communities have also recognized the needs of veterans by developing culturally specific crisis services for veterans. However, it's ideal to avoid crises in the first place. A few forward-thinking communities have realized that they need to intervene before a veteran is engaged in the criminal justice system.

A veterans deflection initiative seeks to create a holistic approach that moves upstream from intervention to prevention. Moving to act earlier before or during crises provides more opportunities for veterans and their families to access quick, lower cost, and more efficacious resolutions to the issues at hand. Research in a variety of areas has shown that,

by avoiding justice involvement, people have better outcomes and are not harmed by introduction to justice environments such as jails and prisons, even if only for short periods of time.

Moving upstream through deflection provides many more opportunities than justice involvement for better health and psychosocial outcomes without the risks and negative effects associated with entry into the justice system. Specifically, earlier interventions can prevent addiction

from taking hold in the first place, stop mental health from getting worse, and even prevent death and encounters that turn lethal. Prevention keeps families intact and provides hope for the future.

Target Population: Who Is Veterans Deflection For?

Deflection is for all veterans who finds themselves engaging with law enforcement or a first responder and a clinical or social support need is identified. Most interactions with law enforcement do not end in arrest—and typically no action beyond the initial encounter is taken. For many veterans, this could be a missed opportunity. By the time an arrest or Emergency Room run has occurred, multiple contacts with the veteran have already taken place, possibly by both local law enforcement and other first responders.

For an officer or first responder to implement deflection, however, they must be able to identify an individual as a veteran. Communities can do this in several ways. One strategy can be asking the question of everyone they encounter, “Have you ever served in the United States military?” Another, more effective, strategy is to use the VA application SQUARES², which can provide organizations, including law enforcement or other community support agencies, with reliable information about an individual’s veteran status and eligibility for VA services.

Additionally, there are a few information technology solutions being explored that may be available to deflection teams and that can assist deflection networks in connecting veterans to care. The VA is currently piloting a QR code project at several VA medical centers that allows police/first responders access to a repository of emergency and homelessness resources specific to VA medical centers in their respective territories. Access is facilitated through a QR code that first responders scan with their phones. The code directs them to a VA-hosted website that contains information on applicable resources for responders to use when dealing with a veteran in crisis. Telehealth applications might also offer a viable pathway to veteran deflection when clinical co-responders are unavailable or in rural areas where resources may be scarce.

2. To learn more about SQUARES: <https://www.va.gov/homeless/squares/index.asp>

Who needs to be involved?

For Creation and Action Planning of the Local Veterans Deflection Initiative (LVDI):

Community stakeholders

Local law enforcement leadership

Fire and EMS leadership

Military veteran officers with special training on mental health issues related to military service, such as post-traumatic stress disorder, traumatic brain injury, depression, and anxiety

Military veteran officers with special training in substance-use disorders. It is well documented that co-morbidity of mental health and substance use is common.

VA medical center leadership

VA police

Veterans Justice Outreach specialists

Veteran volunteer groups/Veteran service organizations

Community behavioral health providers inclusive of those for family and children

Local community leaders and organizations

Local civic leaders

Local hospitals

Chamber of commerce/Business community

Local school systems

Peer support

Stakeholders

Tips to Engage Stakeholders

There are a few things you can do in your community to engage stakeholders, promote collaboration, and improve outcomes. The following are essential:

- Identify a local public safety professional (e.g., law enforcement, fire, emergency medical services) who is passionate about starting a local veterans deflection initiative
- Identify other public safety professionals who are interested in and willing to participate on the team
- Identify and invite interested community members, including Veteran Service Officers, law enforcement agencies, fire and emergency medical services departments, housing providers, hospitals, family members, advocates, treatment providers, employers, the faith-based community, and other criminal justice stakeholders to be actively involved in the collaborative effort.

The Importance of Peer Support

Intentional peer-to-peer support is a vital element of veterans deflection in the Sequential Intercept Model at Intercept 0. Providing access to peer support *before* a crisis arises can be a powerful preventative strategy in the veterans deflection approach, and the presence of peers may make veterans more comfortable about proactively reaching out for support.

United States Department of Veteran Affairs facilities across the nation have peer specialists built into their framework ([The Power of Peer Support VHA Mental Health Services \(va.gov\)](#)). Many states are also making veteran peer work a priority. Texas, for instance, has peer support coordinators who spread across the state serving veterans in need by tapping into peer support groups, connections to resources, trainings, and volunteer opportunities ([www.milvetpeer.net](#)).

Key Structural Components of Peer Support Programs

(Accomplished through collaboration between leadership, court personnel, providers with the peer mentor corps)

- **Affiliation:** Identify members of the deflection team with a pin, patch, or other signifier of involvement/participation.
- **24/7 Coverage:** Trained collaborative teams are available to respond 24 hours per day, 7 days a week to calls asking for assistance involving veterans.
- **Identification system for veterans:** One such example is Status Query and Response Exchange System (SQUARES).
- **Technology:** System of communication and information sharing with local the VA medical center and other community resource agencies are available.
- **Partnerships:** Working relationships are present with local Veterans Justice Outreach specialists, the local justice system, and veterans treatment courts where those services exist.
- **Communication:** Regularly established meetings with the veterans deflection team and other relevant stakeholders are held to discuss issues that veterans are facing in the community, as well as suitable responses.
- **Outreach:** Immerse the team in the veteran community by attending veteran events, responding to incidents involving veterans, and making public appearances.

- **Outreach/Education:** Provide training on veterans experiencing crisis or other topics for individuals involved on the team and for law enforcement officers who are likely to encounter veterans.
- **Outreach:** Offers veterans who have encountered the team the opportunity to maintain ongoing contact with the team.
- **Specialized Case Management:** While much focus is placed on the point of encounter (PoE) with a veteran, this represents but a small part of the deflection intervention. The ability to perform “relentless engagement” with the veteran after the PoE and for an extended period of time matters. It is said in deflection that the PoE is 1/10 of the solution, but case management and the interventions are 9/10 of the solution. Specialized case management should be provided whether or not the veteran is accessing services. It is best when the approach to working with a veteran is holistic in nature and when response to veterans can include their families.

INTERCEPT 2



Intercept 2

Early Identification of Veteran Status in Detention or Court Settings

By Sean Clark, Duane France, Malik Muhammad

INTERCEPT 2 involves diversion of justice-involved veterans to community-based treatment by jail clinicians, social workers, or court officials during jail intake, booking, or initial hearing.

Once a veteran has been arrested, there are two primary opportunities for diversion. The first is at initial detention booking when jail personnel or health screeners can conduct brief, structured screenings to determine an individual's veteran status and to flag veterans who may have co-occurring disorders for further assessment.

The second opportunity relies on pretrial services staff. At a veteran's first court appearance, the public defender or prosecutor can make a referral for the veteran to receive an assessment for clinical care and/or to determine veterans treatment court eligibility. Prosecutors can also pursue deferred prosecution agreements or other diversion options depending on what is available in the jurisdiction. Correctional officers can also

determine an individual's veteran status, make referrals to mission-specific housing as appropriate, and refer justice-involved veterans (JIVs) to Veterans Justice Outreach specialists and the Healthcare for Reentry Veterans Services program through the VA.

The challenge at Intercept 2 is the short time between initial detention and first court appearance. Veterans may be held for only a few hours before being released, which can impede efforts to assess for an individual's veteran status, screen for co-occurring disorders, and determine eligibility for diversionary programs.

It is important, then, to have practices in place to screen for services and/or diversion in the short period a veteran is held. Veterans Justice Outreach specialists, posted at every VA medical center in the United States, are valuable partners at this intercept. VJO specialists provide outreach to JIVs in various settings, including jails and courts, by reaching into the criminal justice system to ensure that eligible JIVs have timely access to VHA mental health and substance abuse services when clinically indicated, and other VA services and benefits as appropriate.

Benefits of Early Identification of Veteran Status

Veterans have a significant number of resources available to them as a result of their military service. Agencies at the local, regional, state, and federal levels recognize both the value and benefits of military service. Public, private, governmental, and nonprofit organizations invest considerable time and expertise in supporting the military-affiliated population. With support from the U.S. Department of Veterans Affairs and other federal departments, such as Health and Human Services and Labor, to local nonprofits meeting the unique community-based needs that veterans have, the resources available to this community are considerable. These resources are often underused, however, especially by those in the most vulnerable military populations.

Identifying veteran status early in court and detention settings, as well as ensuring that peers, deputies, and case managers are connected to resources, can facilitate a veteran's connection to available programs and services that could positively affect his or her quality of life. Veterans identified as early as possible can quickly connect or reconnect to benefits and services; access treatment and other support services; and connect to other veterans navigating the criminal justice system, taking advantage of strong peer-to-peer influences and a common cultural background.

In addition, early identification of veteran status could provide a veteran with immediate help in connecting to treatment and support services that will support fast recovery. Whether that support is related to the veteran's behavioral health, such as treatment for the psychological or social effects of military service, or the support is related to the social determinants of health, such as housing, education or employment, the potential for immediate relief is much greater if veterans are identified early in their involvement in the criminal justice system. The sooner the veteran receives treatment or support to address immediate concerns, the better the long-term outcomes for that veteran. The sooner the veteran is identified in these systems, the greater the chance for connection to that support.

Finally, there is a unique benefit to early identification programs in detention and court settings: immediate connection to other veterans and former service members within the same settings. The shared experience of a military background has been shown to be a significant protective factor for veterans. Defendants who are identified early in the court process would find that they are eligible for inclusion in a local veterans court, if the jurisdiction has one. Such courts are staffed with professionals and full of participants who have a common goal of recovery while honoring military service. Veterans who are identified early in the detention process could eventually be housed in military-specific cell blocks or wards, which are often less disruptive or dangerous than other detention settings. These types of special housing units, blocks or wards, in which a person's conduct determines his or her eligibility for inclusion, are often shaped by positive peer influences and based on a shared military ethos.

Desired Outcomes of Early Identification of Veteran Status

In addition to the benefits that come with early identification of an individual's veteran status in detention or court settings, there are several outcomes that you might anticipate:

1. The increased use of resources to improve the quality of life of veterans and their families.
2. Connections between the veteran programs found at detention facilities and the courts, such as veteran courts or other models identified in Intercept 3.
3. The increased use of trauma-informed support and a recovery-based intervention model.

A desired outcome of Intercept 2 is the increased use of veterans services. One of the challenges of supporting veterans is overcoming the stigma they have against seeking help. It is a mind-set present in the military in general and in the consciousness of many veterans in particular. By increasing their use of the services available to them, veterans will be more likely to receive support in a way that is validating and culturally appropriate.

The connection between detention-based and court-based veteran programs is another positive outcome of early identification of veteran status. Typically, staff in both settings are either veterans themselves or are experienced in supporting and meeting the needs of justice-involved veterans. As court and detention facility staff share information about high-need and high-risk veterans, it can help them identify the veterans' needs sooner and provide them with services more quickly. Interacting with both settings can benefit the veterans themselves while simultaneously improving the ability of both settings to meet the needs of their participants.

The third desired outcome is the increase in trauma-informed support and recovery-based interventions in both detention and court settings. Detention center staff, likely veterans themselves, will be able to relate to incarcerated veterans based on their shared background and experience. They will also likely have received some training related to the psychological and behavioral effects of military service. Similarly, court staff in veteran-specific programs are likely affiliated themselves with the military or partner with local organizations to provide peer support to participants. Early identification supports collaboration and sharing among the staff at each setting, between the staff at both settings, and between the collective support staff and the veterans participating in the program.

Stories of Success

One of the most meaningful aspects of working with justice-involved veterans is the crossover between justice-involved veterans and the veterans who support them. This may best be illustrated by two independent experiences that are likely common occurrences in jails, prisons, and courtrooms across the country.

In 2013, a senior noncommissioned officer (NCO) was preparing to retire from the United States Army after twenty-two years and five combat and operational deployments. He was planning for a post-military career in social support of his fellow veterans and volunteered to

serve as a peer mentor for his local veterans court. As a peer mentor he was invited to attend a weekly court docket. One day, upon arriving at court, the first thing that he saw was a young man who he had served with in Iraq. The young man was sitting in custody in an orange jump suit, handcuffed, and shackled.

Seven years earlier, the senior NCO was a company operations NCO for a large logistics support company. The unit's mission was to provide logistical and battle damage recovery support for a combined arms brigade at the height of the Iraq surge in northeast Baghdad. The young veteran in custody in 2013 was the platoon sergeant's driver in 2006. While on a resupply mission, the young man saw his platoon sergeant get shot by a sniper. He rendered immediate aid and saw his platoon sergeant medically evacuated, but he had to continue the mission until he and all supplies and equipment had returned to their forward operation base, where the senior NCO met him at the gate. The officer had someone else take over the young soldier's mission so he could get medically evaluated and supported as much as he needed.

If there was a red line between the young soldier seeing his platoon sergeant get shot in Iraq and ending up in custody seven years later, the potential peer mentor was at both ends of that line. For the retiring NCO, the intervening years included several more combat deployments and the remainder of a successful military career; for the young veteran, the intervening years included homelessness, disrupted relationships, and substance addiction. The two of them met again in the worst of circumstances. Fortunately, this story ended relatively well for all persons involved; the platoon sergeant survived the sniper attack and continued his military career, the peer mentor continued to support the veteran court in a range of roles for another seven years, and the young veteran in custody successfully graduated from veteran court as a direct result of the support that he received.

Similarly, thousands of miles away, another career NCO who was a lieutenant in his county's corrections department was conducting his rounds in the performance of his supervisory duties he when heard someone shout, "Sarge! Sarge!" He looked around in confusion. There were no deputies of that rank on duty at that time and so was surprised to see that the call came from someone he had served with many years before.

The Orange County Corrections veterans dormitory is a beacon for incarcerated veterans. Since its inception, veterans from many backgrounds and branches of service have experienced its benefits while incarcerated. Now in its tenth year of existence, the unit has provided countless opportunities for distressed veterans as they navigate the criminal justice system. With each passing day, the men and women responsible for the day-to-day operations of the unit, strive to ensure each incarcerated veterans are provided opportunities for successful reintegration back into society.

In 2012, I began my shift at work as I had done so many times before. Unbeknownst to me, this day would connect me to memories of the past. My last duty station on active duty was Okinawa Japan. I spent approximately three years on Tori Station and had the opportunity to travel to several other countries while in theater. In my position, I frequently interacted with servicemembers representing several branches of the Armed Forces. It was there, I had the opportunity to meet a young man I'll call Brad. During my tour overseas, me and Brad became good friends, and would frequently cross each other's path during various training opportunities. We kept in touch while we were overseas, however, we somehow disconnected when I returned to the United States.

While doing a supervisory tour in a direct supervision housing unit, I heard a familiar phrase! This phrase was something that instantly brought back from you your memories. I turned around, and to my surprise there was Brad. This starched camouflage uniform had been replaced by a blue inmate uniform. The clean-shaven soldier I once knew, appeared disheveled and barely recognizable. At the gathering my bearings, he again stated "Big Sarge" and smiled with that familiar grin. We briefly talked about the years spent overseas, however, I can clearly see the soldier I once knew; was a distant memory from the past. I recognized the signs he was displaying, as someone that needed assistance to get back on track.

It is at that moment, I began to take an active interest in veterans in the criminal justice system. These men and women who probably serve the country at some point, now needed their country to assist them in getting back on track. With the help of other resources and shareholders in the community, the Orange County Corrections was born. We opened the unit on Veterans Day 2012, and will celebrate a 10 year anniversary in 2022. The opportunities for successful reentry of incarcerated veterans cannot be understated. Each year, veterans from every facet of life and services, inevitably find themselves being introduced to the criminal justice system.

Successful reintegration back into society is incumbent upon services which address the underlying conditions, which contributed to their incarceration. Armed Forces dormitories or programs focused on treating distressed veterans, play a vital role in reducing the rates of incarceration. To that end, it is clearly understood that much work is still needed, however, groups such as the Justice Involved Veterans Network, provide a platform; to champion the need for further resources and training opportunities.

The two veterans, both career service members who continued to serve their communities in post-military life, found themselves in the court setting and the initial detention setting supporting their fellow service members. The two justice-involved veterans, one appearing before a judge in Veteran Court and another incarcerated in the county jail, found themselves in need of support. For both sets of veterans, the importance of identification in these early settings was not an academic exercise, but an intensely personal one. It is also likely a very common one, repeated in courtrooms and detention and incarceration settings across the country.

Target Population

The target population at Intercept 2 includes all justice-involved individuals with military service. If there are processes in place to identify an individual's veteran status at earlier intercepts (e.g., at the point of arrest) and to ensure that information follows the individual while moving from one intercept to the next, there may be no need to establish a new process at Intercept 2. If there are no such processes in place and the veteran status of individuals entering a facility is unknown, then implementing a timely and effective procedure will be critical. Fortunately, there are several options.

Ask the Question

This approach involves adopting a standardized method and language for facility staff to ask an individual directly about his or her veteran status. While it is often a part of the intake or classification process, exactly where and how the question is asked will vary depending on a facility's existing resources and processes. Regardless, two critical considerations are:

Using the right words. Because there are many different interpretations of the word “veteran,” it is best not to use this word when asking the question. Instead, ask, “Did you ever serve in the military, including the National Guard or Reserves?” or use similarly broad language to minimize the chance that an individual who served will answer no.

Capturing the information for use throughout the individual's time in your facility (and beyond). When an individual indicates that he or she served in the military, that information must be captured in a format that is both durable and accessible to facility staff who need to know it.

Best/Promising Practices - Veteran Identification

Veterans Reentry Search Service (VRSS)

VRSS is a Web-based tool that allows the VA to offer its criminal justice partners an improved method of identifying veterans within their defendant or incarcerated populations. It also allows the VA to conduct more targeted, effective outreach in these settings.

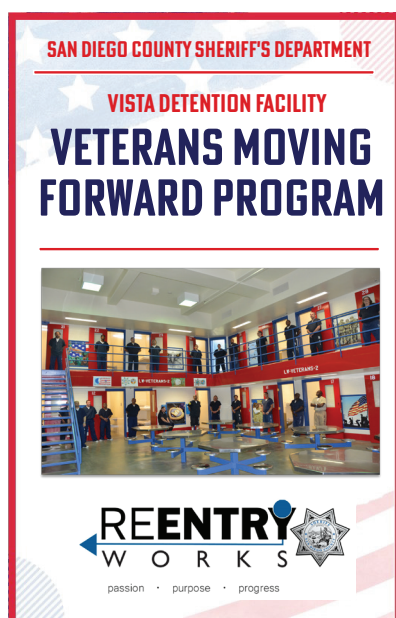
Additional information about VRSS, including a brief introductory webinar and instructions on how to register as a new user, is available at <http://vrss.va.gov>.

Status Query and Response Exchange System (SQUARES)

The Status Query and Response Exchange System (SQUARES) is a Web-based application that displays information regarding a veteran's status and eligibility for healthcare and/or homeless program services in a secure environment. Depending on the SQUARES outcomes, VA employees and homeless program service providers receive an eligibility determination so they

can begin the enrollment or referral process for veterans to help them access VA healthcare and homeless programs, such as Supportive Services for Veterans Families (SSVF) and Grant and Per Diem (GPD).

Additional information about SQUARES, including background materials and instructions to register as a new user, is available at <https://www.va.gov/homeless/squares/>. A brief introductory video is available at <https://www.youtube.com/watch?app=desktop&v=KTDw4Lh7Kso>.



INTERCEPT 3



Intercept 3 Opportunities for Clinical Services and More Intensive Supervision

By Elizabeth Burek, Sean Clark,
(ret) Judge Michael Jackson, Evan Seamone

INTERCEPT 3 involves using jail or court processes and programs to divert a person booked into jail to community-based services. Screening and assessment in the jail can expedite a veteran's connection to medical or behavioral health services outside of the jail and determine his or her eligibility for veteran-specific diversions such as veterans treatment court. Specialty courts and other diversion programs may also conduct their own screening and assessment.

If an individual has been found guilty of a serious felony (e.g., assault or robbery) or a serious misdemeanor (e.g., driving while intoxicated or domestic violence), the probation department may perform a pre-sentence investigation or report to assist the court in determining a suitable disposition or sentence.



Based on the results of the pre-sentence investigation or report, the defendant may be sentenced to a community-based alternative, such as probation or a veterans treatment court (VTC), in lieu of jail or prison. He or she may also be eligible for a diversionary disposition in which a guilty plea or verdict is held in abeyance pending completion of treatment. Successful graduates may have the conviction vacated or withdrawn, and the

arrest or conviction may be expunged from their legal record. Some states, such as New Jersey, now have laws that mandate having a veterans diversion program in every jurisdiction.



The decision about what sentencing or disposition to offer a veteran often lies with prosecutors, but law enforcement or judges may also be able to recommend or order certain types of diversion or alternative sentencing. Selecting a suitable disposition requires careful attention to the principles of risk, need, and responsivity. Delivering too much, too little, or the wrong kind of services wastes resources and can worsen outcomes.

Anthony Knox and Manuel Serrano (above)

Vista Detention Facility, Veterans Moving Forward Program, San Diego County, California (below)

Although no scientific studies have confirmed the best way to match veterans to treatment and supervision services, evidence from other justice-involved populations suggests that dispositions should vary based on participants' risk and need profiles.

At the dispositional court, screening and assessment inform disposition and sentencing decisions. Public defenders, defense attorneys, and defender-based advocacy programs all gather information to develop dispositional recommendations and referral. Court-based diversion programs, including specialty courts like veterans treatment courts, often have extensive screening and assessment procedures to identify eligible veterans and to formulate case plans. Developing unified screening and assessment procedures across programs increases the likelihood that justice-involved individuals are placed into the most appropriate programs.

At this stage, probation officers responsible for the pre-sentence investigation also conduct screenings and incorporate treatment history into their sentencing recommendations. The pre-sentence investigation may include treatment recommendations that involve diversion or pretrial release.

How to Approach This Section

This section supplements the veteran-specific Sequential Intercept Model by offering additional information and resources about how to explore and/or plan new programming at any



of the criminal justice intercepts. See *Veteran Intercepts in the Criminal Justice System*: [Veteran Intercepts in the Criminal Justice System | Justice Involved Veterans \(nicic.gov\)](#) and National Association of Drug Court Professionals (NADCP) Annals of Research and Knowledge (ARK): [Welcome To The ARK \(nadcp.org\)](#) for each intercept to begin crafting the components below.

This is a resource- and planning-intensive model that requires coordination among a veterans treatment court and other local stakeholders for the identification of new funding or other supports for implementation. (Some

Bexar County, Texas VTC

of the resources and guidance relate to the development of a VTC.) It also represents only one end of a spectrum of veteran-specific interventions that are possible at this intercept, so it may not be the right intervention for some jurisdictions – or at least not right now.

Please read this section not as instructions for proceeding toward a single predetermined outcome, such as starting a new VTC, although it can and should be useful for that purpose. This is a tool that any jurisdiction can use to become more veteran-informed and veteran-responsive, regardless of whether it adopts the VTC model. While some of the resources described below are specific to the VTC model, others can be used independently to facilitate the identification of veterans and the delivery of services responsive to their needs in a criminal justice setting.

The Importance of Serving Justice-Involved Veterans at Intercept 3

When a justice-involved veteran completes the requirements of a VTC, it is not unusual for that veteran to express appreciation for the VTC Treatment Team. One veteran who graduated from

a VTC in Cleveland, Ohio, expressed his appreciation by presenting the team with a plaque, which stated, “Thank You For Saving My Life” and listed those on the treatment team who assisted him. Click this link to see the plaque.

For veterans who cannot be served through programming at earlier intercepts, Intercept 3 facilitates access to clinical services and other resources in combination with more intensive supervision and monitoring. VTCs are a prominent example of this approach.

Desired Outcomes

A veteran’s successful completion a VTC program and, if appropriate, successful placement in other Veterans Affairs or community-based veteran programs are desired outcomes. Another desired outcome is to reduce or avoid the occurrence of a justice-involved veteran not being identified by any of the other intercepts. By having veterans participate in these various programs, another goal is to reduce recidivism among veterans or avoid other undesirable conduct among veterans that would be detrimental to themselves or the community.

“Community corrections programs typically focus on monitoring individuals to protect public safety, delivering rehabilitative services where indicated, and enforcing other court-imposed obligations such as completion of community service or payment of fees, fines, or victim restitution.” (NADCP/ARK)

Target Population

Identifying those JIVs who are eligible to participate in a VTC and identifying other veterans who may be eligible to participate in other community or VA programs. Reviewing the efforts of those at earlier intercepts to make sure that all veterans are accounted for.

Best/Promising Practices

Complementary and Alternative Medicine

In addition to established treatment programs, VTCs, the VA, local communities, and other organizations also offer complementary and alternative medicine (CAM) interventions. According to a VA Management Brief, “...CAMs include a range of therapies that are not

considered standard to the practice of medicine in the United States; however, studies of military and non-military populations show that more than one-third of U.S. adults use CAM approaches to manage a range of physical and emotional health concerns.” (See VA Management eBrief no. 41.) Typical examples of CAMs used

“Warrior Canine Connection works with VTCs to offer service dog training as a community service option. The fact that the dogs are being trained for fellow veterans creates a No-Fail Mission that also helps to heal hearts.”

Rick Yount, Founder and Executive Director,
Warrior Canine Connection

by VTCs are yoga, support dogs, equine therapy, and music therapy, which help justice-involved veterans suffering from a variety of conditions, such as post-traumatic stress disorder. Highlighted below are canine training programs generally and one particular VTC program.

VTC Canine Training

Specialized training opportunities include canine programs where dog training programs pair justice-in-

involved individuals with animals to be trained as service animals or pets for adoption. These programs improve animals’ skills as well as the animal training skills, social skills, and mental health symptoms of trainers.

Use of animals in treatment environments has a number of benefits:

Animals lower barriers to treatment entry

and increase engagement to receiving help; animals provide an experiential and tactile approach to trauma recovery.

Animal training emphasizes healthy attachment principles to promote healing and underscores powerful human values to motivate participants. It appeals to individuals’ need for a sense of purpose and meaning in life, and encourages participants to engage in helping others. Animal training also focuses on learning skills in critical domains (vocational, emotional, cognitive, interpersonal) that improve participants’ response to treatment.

The following represent key principles and existing programs and models of canine training programs, notably in conjunction with veterans treatment courts:

- **Warrior Canine Connection, Mission-Based Trauma Recovery model:**
Home - Warrior Canine Connection

- Guiding Principles and Key Benefits - Veteran Canine Training (pdf)
- Inside the Baltimore City Veterans Treatment Court - Warrior Canine Connection Partnership <https://vimeo.com/345067608>

Note: These programs have also shown substantial benefit with prison-incarcerated individuals/incarcerated veterans. Like prison facility personnel, any jail facility personnel will likely be served by the above information along with the additional animal training program information located in Best/Promising Practices, Intercept 4.

Components of a VTC

Stakeholders

The National Association of Drug Court Professionals (NADCP) has identified the following roles as essential when forming a planning committee³ for a new VTC. This list is a starting point. It may not include every important perspective as part of your planning process. Instructions to access free foundational VTC training from NADCP can be found [here](#).

- Judge
- Prosecutor
- Defense counsel
- Treatment court coordinator
- Community supervision
- Community treatment provider
- Veterans Justice Outreach Specialist (VJO)
- Law enforcement
- Veteran mentor coordinator
- Evaluator/researcher

Tips to engage stakeholders include the following:

1. Begin with a review of the entire veterans Sequential Intercept Model, including the options for service delivery at each intercept. Identify the relevant programs/interventions that are already in place in your community (e.g., Is there a veteran-specific law enforcement-led deflection program in operation?).

3. Please note that not every role on this list will necessarily join the VTC treatment team once the court begins to operate. A VTC treatment team, led by the judge, convenes regularly to review each participant's progress in treatment and compliance with other court-imposed requirements. NADCP advises that mentors (including the mentor coordinator) should not attend meetings of the treatment team, because the volunteer veteran mentor's role is to provide non-clinical confidential support (with certain exceptions regarding potential harm to the veteran or others) and that role is independent of both a participant's treatment provider and the court itself.

2. Any new intervention should build on any structures/processes that are already in place locally at other intercepts. For example, if the local jail has a process for identifying veterans as part of its intake process, the results can and should be used to help inform the development of a new VTC. The jail's identification results can be a critical source for identifying potential VTC participants. In addition to the stakeholders that appear in NADCP's list above, key participants in any existing veteran-specific interventions at other intercepts can help inform the planning of a new VTC.

Key Structural Components

Prior to the COVID-19 pandemic, the typical physical space of a VTC involved:

1. A courtroom where veteran participants gather as scheduled to discuss their circumstances with the judge
2. A conference room or jury room for the VTC treatment team to review a veteran's program and treatment status before that veteran reports to the VTC judge
3. An office where the probation officer meets with veterans on a regular basis. In addition, veterans eligible for VA medical services would use the appropriate VA facility, and the VJO at that facility would report the veterans' status, to the extent permitted, during VTC treatment team meetings and during VTC proceedings. Throughout this process, communication would be face-to-face, by email, and by telephone.

The onset of the COVID-19 pandemic and the self-isolation and separation that resulted has greatly affected the operation of VTCs. To maintain communication with veterans, these courts have used various electronic platforms like Zoom, Skype, FaceTime and WebEx. For veterans who do not have access to these platforms or the ability to use them, some VTCs are providing them with cell phones to stay involved with their programming. For veterans who may be suffering from serious mental health issues, considering self-harm, or are engaged in self-medication with alcohol or illegal substances, VTCs have made arrangements for "welfare checks" or visits. Numerous other innovative approaches have developed; for example, the Supreme Court of Ohio recently approved an app "OH VTC Statewide" (available through Apple or Google) to help specialty courts, including VTCs. This app enhances collaboration among stakeholders to spread awareness to other courts interested in establishing their own

specialized docket. It is a tool for treatment team members to network, to train and share materials, and to provide content for veterans to better understand PTSD, depression, and other residual effects from their service.

Screening/Assessment

Each veteran is referred to a case manager for case planning, monitoring accountability, and direct service. For every veteran, case managers will conduct a clinical screen and an assessment using a generally accepted assessment form for veterans, such as the TCU-CI (Texas Christian University – Comprehensive Intake), a prescreening and risk/needs assessment. Click to access this assessment form.

Information gathered through the administration of the TCU-CI or other acceptable assessment form and the clinical screen include alcohol and drug use history, psychosocial information, and information about a veteran's family history.

The foundation of supervision is individualized case management, which means that a comprehensive, individualized case plan is developed with and signed by each client. The case plan (or participation contract) is reviewed at monthly intervals for changes and modifications. The case plan is based on the TCU-CI model and includes the following:

1. the veteran's arrangement (including community work service) to repair the harm done to the victim and to the community;
2. the veteran's plan for education, employment, and housing; and
3. the veteran's plan for relapse prevention and a pro-social support system in the community. The case manager is expected to facilitate the veteran's accomplishment of these objectives and assist the veteran in obtaining the **collateral services** that he/she needs, such as supportive housing, employment skills training, child care, and transportation. The veteran's longer term goals and plan for attainment will be discussed after primary treatment.

Initially, the case manager meets with the veteran at least once per week and random urinalysis tests are collected twice per week. As the veteran progresses through the program, the contacts and the number of random drug tests decrease according to phase. The case manager provides information about each veteran to the treatment team and attends weekly judicial staff meetings and reviews. In the initial phase, the case manager may ask for a staff meeting

with personnel representing a number of other services, such as social services, public health, housing, workforce, and adult basic education. Case managers are expected to be familiar with a wide diversity of veteran resources available to veterans in the community and to help them obtain the necessary services and programs.

Intervention/Response

Compliance and achievement in recovery and various milestones are rewarded and acknowledged through incentives that include courtroom applause, praise from the VTC judge and decreased court attendance.

However, the VTC judge may retain the veteran in the program while imposing varying levels of sanctions for non-compliance, such as not following established rules, treatment recommendations, missed appointments, use of non-prescribed drugs or alcohol, or dishonesty. Commonly used sanctions include:

Sanction Chairs: Veterans will be required to attend additional court sessions as determined by the VTC judge to observe the proceedings. At the end of the session the veterans will inform the VTC judge of three things they have learned that day.

The VTC Judge may impose different assignments, including writing a letter to the judge outlining a relapse prevention plan, why they should remain in VTC, or what they have learned from the event. Other judges may require the veteran to attend sober support meetings and provide verification of attendance.

Jail: At the VTC judge's discretion, veterans can be sanctioned to time in jail, typically 1-14 days, depending on the infraction, and may allow that to be served in a manner that lessens the risk of loss of employment, if applicable. Other confinement-like restrictions, such as house arrest or ankle monitoring devices, may also be used. See the discussion that follows.

Measurable Outcomes - Program Level

Programs benefit greatly from conclusive program evaluations, which may be costly.

A **process evaluation** documents a program's actual case flow, service delivery, and resources in relation to its planned target population, policies, and procedures over time.

An **outcome evaluation** measures the program's influence on graduation, criminal recidivism, and relapse among cohorts of participants.

An **impact evaluation** gauges the intervention's effect on the target population. Using equivalent information available on comparable offenders outside the program, it contrasts participant outcomes while controlling for characteristics (e.g., criminal history) that may alone predict those outcomes (e.g., recidivism).

If Progression to the Next Intercept Is Unavoidable

Intercept 3 is a pivotal intercept in the Sequential Intercept Model because it represents the opportunity to be diverted from a sentence of confinement to community treatment under supervision of a VTC judge and the treatment team, or another diversion program. However, incarceration rather than VTC or diversion from it, may be unavoidable:

1. if a veteran does not meet the eligibility criteria for participation in the VTC or other diversion program;
2. if the veteran declines participation in the VTC program; and
3. if the veteran has been terminated from the VTC program for failure to comply with the terms of that program, because graduated sanctions have been ineffective in encouraging compliant behavior.

In all cases where a veteran must unavoidably progress to incarceration, Intercept 3 program administrators may still make a tremendous difference in helping the veteran benefit from later intercepts. For instance, every effort should be made to ensure that the receiving detention or penal institution has identified the person's veteran status. If there is discretion to recommend detention or penal institutions that have dedicated veterans programs or housing units, it would be advantageous for both the veteran and the receiving institution to avail the veteran of the opportunity to participate in such programs. This is based on research that demonstrates that veterans have better outcomes when they have the ability to work with their peers in programs dedicated for veterans.

VJO personnel as well as Healthcare Reentry for Veterans personnel should be notified of the veterans status, and input should be sought from these experts as early in the process as possible when it is determined that the veteran is ineligible for diversion from incarceration.

Even if a veteran may not be eligible for a veteran’s docket or designated VTC, the veteran may be eligible to participate in different problem-solving, accountability court programs, such as a mental health court, a drug treatment court, or a docket with a specific focus. VTC judges and program administrators can be very effective in contacting the presiding judges and program administrators for specialized court programs to recommend a veteran for participation. This is particularly useful in cases where the technicalities in admission criteria prevent participation in a VTC but the veteran would have benefitted from the program but for the technicality.

If the veteran has not yet been sentenced, it is possible that the information obtained from consideration at Intercept 3 may still be valuable in calculating an appropriate sentence. Some states and the federal courts may provide sentencing mitigation for veteran status or mental health conditions related to military service, and documentation of these facts may assist in further classifying the veteran and noting his/her eligibility for programs during confinement or early release from confinement.

Criminal Sentencing Considerations for Veterans

Across the nation, criminal justice systems have implemented guidelines that specifically govern the sentencing of military veterans who are not eligible for diversion programs. The twelve states⁴ that have veteran-specific statutory guidelines or mitigating factors focus on different aspects of military service, including:

- Honorable discharge characterization (e.g., North Carolina⁵);
- Military service and a current diagnosis of a mental health condition (e.g., New Hampshire⁶);
- Any mental health condition traceable to military service with a nexus to the crime (e.g., Ohio⁷);

4. The states include: Alabama, Alaska, California, Kansas, Minnesota, Nevada, New Hampshire, North Carolina, Ohio, Oklahoma, Oregon, and Rhode Island.

5. N.C. Gen. Stat. § 15A-1340.16(e)(14)

6. N.H. Rev. Stat. Ann. § 651:4-b

7. OHIO REV. CODE 2929.12(F)

- Post-traumatic stress disorder (PTSD) or other specific diagnoses traceable to military service (e.g., North Carolina⁸); and PTSD or traumatic brain injury that can be linked to combat service (e.g., Alaska⁹).

Some statutory factors have been expanded by state legislatures over the years in response to trends in veteran criminality. In California, for example, in 2006, the legislature removed the 1982 limitation of eligibility only to Vietnam service in recognition of the high numbers of Operation Iraqi Freedom and Operation Enduring Freedom justice-involved veterans.¹⁰ Later in 2015, the legislature broadened the types of eligible health conditions to include “sexual trauma, [TBI], [PTSD], substance abuse, or mental health problems stemming from service in the military.”¹¹ In 2018, California became the first state to accord incarcerated veterans retroactive consideration of their military status if it had not been considered when they were sentenced.¹²

The divergent approaches to sentencing mitigation for veterans requires careful attention to a veteran’s military history and mental health diagnoses. In contrast to the different state factors, the Federal Sentencing Guidelines have adopted a more universal approach that permits the court to accept most military service in general. While there is no requirement for combat service, the guidelines reference that the military service should be particularly notable.¹³

This rule of sentencing mitigation came about only as recently as 2010 following a landmark Supreme Court case in which the court held that it was a violation of a veteran’s constitutional right to an adequate defense for his attorneys not to raise his heroic Korean War service at his capital sentencing hearing.¹⁴ While together, the state and federal standards offer some opportunities to obtain additional sentencing relief, the lack of clear guidance on how to apply these

8. OHIO REV. CODE 2929.12(F)

9. Alaska Stat. § 12.55.155(d)(20)(B)

10. Cal. Penal Code Ann. § 1170.9

11. *Id.*

12. Cal. Penal Code Ann. § 1170.91(b)

13. U.S. SENTENCING GUIDELINES MANUAL § 5H1.11 (2010) (noting that military service must be distinguishable to an “unusual degree” for sentencing credit).

14. *Porter v. McCollum*, 558 U.S. 30, 43-44 (2009) (per curiam).

standards suggests the value of considering alternative avenues of sentencing consideration, such as addressing military service through discussion of sentencing considerations related to mental health conditions.

If Intervention/Response Is Unsuccessful/Does Not Meet the Need

As mention above, VTCs have the discretion to implement a system of graduated sanctions when a participant does not appear to be progressing through the system. One of the most serious sanctions, short of termination, is therapeutic incarceration. Oftentimes, it is necessary to help veterans experience for themselves the reality of the consequences of remaining involved in the justice system at later stages in the model to be able to convince them to seriously address maladaptive and addictive behavior. The decision to terminate veterans' participation at Intercept 3 is a matter of the highest seriousness, given the limited resources available for them while they are incarcerated and the regulatory prohibition on the VA against providing healthcare services to incarcerated veterans . For this reason, an extended period of therapeutic incarceration under the oversight of the diversion program is recommended rather than termination as a final intervention at Intercept 3. The longest period recommended under these circumstances is 30 days.

Resources for Planning a VTC

Resources - Technical Assistance

If your community is trying to identify the best intervention to adopt for this intercept, the NADCP Annals of Research and Knowledge (ARK) tool identifies evidence-based and promising practices for use with populations of varying levels of risk and need. Training on the tool and how to use it can be requested from the National Association of Drug Court Professionals at <http://ark.nadcp.org>.

If your community is interested in starting or enhancing a VTC at this intercept, NADCP's Justice for Vets division offers extensive training and technical assistance, including in-person and online options. More information, including how to request such training, is available from Justice for Vets at <https://justiceforvets.org/resources/training>.

The state administrative office of the courts is another potential source for training, best practices, and other resources, including information about state requirements that a new treatment court may have to meet before it begins to operate (in some states, these requirements are verified through a formal certification process).

Resources - Funding

Start up and operational costs for VTCs, including dedicated veterans dockets for smaller jurisdictions, primarily depend upon the number of veterans participating in the treatment program. Data is available to consider what those numbers might be. The VA has existing and projected veterans' population numbers based on age and gender for each state and county. Jails and other confinement facilities often track the number of veterans admitted to such facilities, recognizing that underreporting may occur by failing to ask the appropriate questions regarding service, by the veteran who does not believe that he or she qualifies as a veteran, or by the veteran wishing to withhold that information when processed into a facility. Also, eligibility to participate in a VTC may affect costs. Accepting veterans with a higher risk assessment typically requires more staffing due to the needs of those veterans and the frequency required of interacting with a higher risk population. However, treatment costs normally associated with those on probation or in a diversion program are likely to be less if veterans are eligible to receive VA medical treatment, which is based on discharge status.

To reduce or eliminate these costs, VTCs frequently take advantage of numerous funding sources that provide grants for administrative and employment costs to operate their treatment programs. For example, the Bureau of Justice Assistance (BJA) initially provided awards for VTCs under its drug court program, and in 2013 the Department of Justice began receiving a separate appropriation for VTCs. In 2020, Congress passed the Veterans Treatment Court Coordination Act of 2019, directing the Attorney General to establish and carry out their grant program, which is managed by BJA. Another VTC grant is provided by Substance Abuse and Mental Health Services (SAMHSA), which is an operating division of the U.S. Department of Health and Human Services, that provides funding to VTCs and other organizations or communities to prevent or treat mental health conditions and/or substance abuse disorders. In addition, states, counties, and local governmental agencies also provide public funds through

various programs. For example, many states and counties have agencies to assist veterans and VTCs. See also Intercept 3b, where the Supreme Court of Ohio provides a smart phone app to all VTCs.

A number of 501(c)(3) not-for-profit organizations have been created for the benefit of VTC treatment programs that are typically not available through VTC probation/diversion programs. Alternatively, these organizers have associated themselves with an existing 501(c)(3), typically referred to as an “umbrella organization,” which is permitted under IRS regulations. In either situation, these organizers, such as VTC mentors, are associated with a VTC, but are not VTC employees. Once operational, these organizers solicit funds from the community, which are used to assist VTC veterans by providing programs that are otherwise not available, or to assist veterans in need; for example, by paying for transportation to help them visit a distant and ailing family member if a veteran does not have the funds to make that trip.

Resources - Veterans Administration

It is important that any veteran-focused intervention deployed at this intercept include a mechanism for determining what care and services may be available for each veteran through the U.S. Department of Veterans Affairs. Veterans Justice Outreach specialists are at every VA medical center, focused specifically on facilitating access to VA services for justice-involved veterans. Involving your local VJO specialist early in the planning process for your new intervention helps ensure that VA services can be effectively integrated into the model. If you are not already in touch with a VJO specialist, you can contact one by visiting <https://www.va.gov/homeless/vjo.asp>.

Resources – Equitable and Inclusive Access

Recommended Tools to Ensure Equitable and Inclusive Access

The topic of equitable and inclusive access within VTCs and Dedicated Veterans’ Dockets in the courts has recently come into focus with the NADCP’s 2019 guidance in the handbook titled *Equity & Inclusion: Equivalent Access Assessment and Toolkit (Adult Drug Court Best Practice Standard II)*, available at: <https://www.ndci.org/wp-content/uploads/2019/02/Equity-and-Inclusion-Toolkit.pdf>

Geared toward drug courts, this handbook creates a framework that enables court administrators and treatment teams to consider various aspects of eligibility and participation in their programs from the perspective of equity. Key topics addressed in the handbook include:

- The Equity and Inclusion Assessment Tool (EIAT)
- The suitability for treatment court survey
- A focus group protocol for underserved groups
- Information comprehension techniques

Another aspect of equitable and inclusive access for veterans includes adoption of a multicultural approach to support that is responsive to veterans' experience from the perspective of their race, gender, ethnicity, sexual orientation, gender identity or gender expression, and other unique factors that affect their lives while serving in the military or as veterans. Responsiveness includes making veterans aware of the multicultural resources that exist, such as veterans service organizations that are affiliated with a cultural or identity group, specialized VA programs for members of those groups, or community organizations. A non-exhaustive list of examples can be found in the resources section at the end of this publication.

Further, a dimension of equitable and inclusive access is the assignment of VTC mentors who have similar identity affiliations. Program administrators should ask prospective participants whether they would prefer to have a mentor of the same gender, race, sexual orientation, gender identity, etc. To the extent that a veteran prefers such matches, the program should make every effort to pair the veteran accordingly or to survey local organizations (like the ones mentioned above) to determine if an external mentor can be identified and would be willing to become certified and undergo necessary training to participate in the program. While no existing research has addressed mentorship in VTCs, a growing body of research within mentorship programs in various contexts supports the position that mentoring relationships are more meaningful and effective when mentors have characteristics similar to those being mentored. This is true especially regarding same-race pairs and same-gender pairs. If military service is the major factor currently being assessed for mentor-mentee matches, it is imperative to broaden matching criteria, especially considering the different racial, sexual,

and gender-based experiences that minority group members have had in the military with the possibility of perceived discrimination contributing to the events that led the veterans to become justice-involved.

Enhancing and Expanding the Mission of VTCs

Another aspect of equitable and inclusive access for JIVs is to ensure that sentencing mandates or guidelines that permit consideration of a defendant's status as a veteran are properly considered and stated on the record during sentencing. Many states have statutes that require information favorable to a veteran be admitted at sentencing, while others have guidelines limiting such information. While studies regarding veteran versus non-veteran incarceration rates are not conclusive, any perception that veterans are treated more harshly can be reduced by documenting on the record the basis for imposing a sentence and specifically noting the court's consideration of favorable information, including the defendant's veteran status. For courts that presently consider such favorable information but do not state that consideration on the record, adopting the suggested approach is the best practice and is an enhancement to the treatment process set forth in the mission of a VTC.

As the treatment procedures, best practices, and operation of a VTC become ingrained, opportunities to expand or reach the full potential of a VTC typically occurs. The following are examples of ways to expand or enhance VTCs.

The VTC may participate by way of a memorandum of understanding (MOU) with other jurisdictions, typically called the transferring jurisdictions, to allow their veterans to participate in a VTC located in a nearby jurisdiction. The transferring jurisdictions usually lack resources or a sufficient number of veterans to support their own VTC. These arrangements have existed for a number of years and involve felony courts, felony and misdemeanor courts, state courts, and federal district courts.

The key points in a typical MOU are:

(a) *The veteran's voluntary participation.* The transferring court explains on the record the terms and condition of the MOU and the veteran with the assistance of counsel must agree and sign the MOU, which allows the veteran to participate in the VTC program provided that the veteran qualifies.

(b) *Jurisdiction.* The transferring court retains jurisdiction over the veteran's case and permits the VTC to administer the terms and condition of the VTC program in accordance with the MOU.

(c) *Sanctions.* The VTC typically imposes sanctions for infractions consistent with the VTC program, except that incarceration (typically in the transferring court's facility), or termination from the VTC, must be approved by the transferring court.

(d) *Costs.* Court costs are to be determined by the MOU, recognizing that many VTCs waive court costs under varying circumstances.

A VTC can initiate or assist in developing various programs for veterans in jail, including the creation of jail pods for veterans who may or may not participate in a VTC. These programs have existed for a number of years in numerous jurisdictions with a great deal of success. Community groups and veterans' service organizations have played an active role in these programs.

A VTC may cooperate with another court within its jurisdiction concerning cases with veterans when a transfer to a VTC cannot occur. For example, many VTCs exclude certain cases involving violence, including domestic violence. The VTC can ensure the VA's Veterans Justice Outreach specialist contacts that veteran and that court to provide timely access to Veterans Health Administration (VHA) services. In addition, Mentors from the VTC can meet with this veteran and assist in ways similar to a VTC, such as appearing with the veteran in court.

A VTC and state prison authorities reach an agreement that a VTC could accept veterans released from prison who have an obligation to participate in a post-release program, similar to probation. Rather than have those veterans do so with a state or local probation program, they would satisfy that obligation by participating in a VTC, if they qualify.

A VTC and courts within its jurisdiction can initiate a program to review cases where veterans have been sentenced to prison to determine if they are eligible for an early release program, sometimes referred to as judicial release. The VTC can determine if such veterans are eligible to participate in its program, and then discuss with the sentencing judge to determine if they are worthy of consideration for an early release. This also involves a review of veterans' conduct while in prison. After a hearing, which typically involves notice to victims, veterans eligible for early release are transferred to the VTC so that the sentencing judge is no longer responsible for

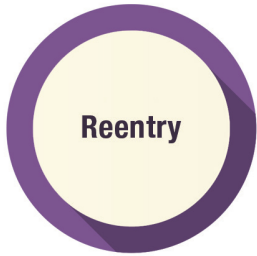
them, and any future violations are the concern of the judge of the VTC. For example, a VTC in Cleveland, Ohio, reviewed 40 cases and granted judicial release to 15 veterans by following the above process.

A VTC can initiate or develop better employment programs for veterans in VTCs in two ways: (a) programs, with the assistance of community support and expertise, to assist veterans in exploring various job possibilities and preparing them to apply for these positions, and (b) engaging community and state or local entities to conduct job fairs and the like to meet with veterans.

A VTC can initiate a driver's license program by working with the appropriate state or local agency to resolve outstanding impediments to obtaining or reinstating a veteran's driver's license. This program not only benefits those participating in a VTC, but other veterans having cases pending in that jurisdiction. Further, consideration should be given to involve all VTCs in a state so that a comprehensive program can be developed benefiting the veterans in each VTC. It has been recognized that obtaining a driver's license is important to maintaining employment or enrollment in school and involvement in other pro-social activities. See <https://ncsc.contentdm.oclc.org/spcts> (Commonwealth of Pennsylvania Veterans Treatment Court Performance Measures Project, National Center for State Courts, May 2015). Further, having a suspended driver's license has been linked to post-program drug-related incarceration [Id. citing, Listwan, Shelley J., Jody L. Sundt, Alexander M. Holsinger, and Edward J. Latessa. "The Effect of Drug Court Programming on Recidivism: The Cincinnati Experience." *Crime and Delinquency* 49, no. 3 (2003): 389-411.]. In addition, one state has proposed that "a conviction that resulted from a final order being entered by a court after the successful completion of a VTC program...shall not be counted as a conviction for the purposes of revoking a person's driver's license for multiple convictions of driving while intoxicated" (See, Virginia, HB 1222.).

All VTCs should consider developing a statewide or regional program to exchange views and discuss issues and concerns on a regular basis by email and periodic virtual meetings two or three times a year. This exchange of information can only benefit each VTC and the veterans participating in that program.

INTERCEPT 4



Intercept 4 Preparing for Reentry with Responsive Services

By Jim Basinger, Jessica Blue-Howells, Cindy Booth,
Donna Harrison, Joel Rosenthal (ret), Col. Jim Seward

INTERCEPT 4 involves supporting an individual's reentry back into the community after release from jail or prison to reduce his or her further justice involvement. Reentry planning should begin at the initial stages of detainment or incarceration. In jails, the intake process can determine veteran's status and eligibility for veteran services. Periodic screening and assessment during a veteran's stay in jail can inform necessary changes to institutional veterans programming and reentry services. Using the information from screenings and assessments, discharge planners work with veterans and practitioners to identify appropriate services and supports, including access to VA healthcare, that the veteran will need after release. They also work with probation officers to hand off veterans being released into the custody of probation.

In prisons, the reception and intake process is an opportunity to screen for veteran status, co-occurring disorders, and other issues common among the justice-involved veteran population. As in jails, screening and assessment occurs during the veteran's incarceration and guides not only prison services but also transition planning. At least 90 days from release, DOC discharge planners work with the veteran to identify ongoing service needs and link to Veterans Justice Outreach (VJO) and Healthcare for Reentry Veterans (HCRV) specialists to prepare for the veteran's reintegration into the community.

Discharge planners working with veterans who are being released to parole help them prepare for the immediate requirements of parole. Most prisons are remote from the community of return, and the responsibility for identifying appropriate treatment resources often falls on parole staff. Many states and communities have established transitional case management services, and in the case of veterans, this is provided by VJO and HCRV specialists who work with justice-involved individuals while they are incarcerated and for a period after release. As with probation agencies, prison and parole departments implement risk and need assessment instruments to guide supervision and case planning. Information gathered from these instruments is shared with all staff to better inform the treatment process and ensure continuity of care.

Desired Outcomes

When implemented well, services at Intercept 4 ensure that veterans receive responsive services while they are incarcerated and leave incarceration with an individualized plan in place that addresses the community supports they need in health care, mental health services, substance use recovery, employment or income from benefits, and safe and stable housing. It is important to avoid non-responsive reentry case plans that rely on a list of resources that have not been verified before veterans leave incarceration.

Best/Promising Practices

Veterans Dorm/Veterans Unit Strategy

Housing veterans together in an environment that inspires military culture, values, and a sense of brotherhood or sisterhood, veterans dorms or units promote not only safety improvements but also restoration, healing, and growth in a way that may not be possible via general population housing. Congregating veterans also provides for integration and efficiency for those providers aiding with reentry.

Trauma-Related Psychosocial Support

Veterans Healing Veterans

Veterans Healing Veterans (VHV) was founded in 2012 by Ron Self, a Marine incarcerated at the time at San Quentin State Prison, in response to reports of veteran and military suicide outpacing war deaths in Iraq and Afghanistan. Inspired by the healing power of the simple act of telling one's story, he launched a pilot program: a peer support group centered on a series of writing prompts that explore the ramifications of military and life trauma. The peer component was key because he knew that veterans often feel safest in each other's company.

VHV has evolved to being able to support veterans and people with military service both within and outside of prison walls. **On the Inside:** In a structured story-telling practice, group members cultivate insight into the mindsets and circumstances that led them to prison. This work is complemented by weekly yoga, writing, and theater practices offered in collaboration with aligned organizations. **On the Outside:** At the Veterans Transition Center in Monterey, California, the program offers evening groups in 12-week modules. Somatic therapies include yoga, meditation, and outdoor activities, such as biking, camping, and kayaking.

Canine Training

As noted in Intercept 3, specialized training opportunities include canine programs where prison dog training programs pair inmates with animals to be trained as service animals or for adoption. These programs improve animals' skills and develop dog training skills, social skills, and improvements in mental health for incarcerated individuals.



Warrior Canine Connection partnership program

Use of animals in treatment environments has a number of benefits:

- Animals lower barriers to treatment entry and increase engagement to receiving help.
- Animals provide an experiential and tactile approach to trauma recovery.

Animal training emphasizes healthy attachment principles to promote healing and underscores powerful human values to motivate participants. It appeals to individuals' need for a sense of purpose and meaning in life and encourages participants

cont'd on page 78

Canine Training *cont'd from page 77*

to engage in helping others. Animal training as well focuses on learning skills in critical domains (vocational, emotional, cognitive, interpersonal) that improve participants' response to treatment. Additionally, these programs may provide job skills to enhance veterans' success in reentry.

The following represent key principles and existing programs/models of canine training programs:

- Guiding Principles and Key Benefits - Veteran Canine Training (pdf)
- General overview of programs: [Prison-Based Dog Training Programs: Standard Protocol \(wellbeingintlstudiesrepository.org\)](https://www.wellbeingintlstudiesrepository.org)
- Sample program: [Wanderers' Rest: Incarcerated veterans train adoptable dogs from Wanderers' Rest – Oneida Dispatch](#)

VA Veterans Justice Programs Office of Mental Health Training Project

Starting in 2013, (CPT) expert trainers taught corrections mental health staff representing six different California prison facilities how to deliver individual and group cognitive processing therapy (CPT). The initial idea for the program was to create a continuum of CPT treatment for veterans that would be available for them both while they were incarcerated and in the community. Newly trained staff were matched with incarcerated veterans who met the criteria for being diagnosed with trauma-related issues. Staff continued their training (while conducting treatment) by way of group teleconference case consultation with expert trainers, typically for a period of six months. While the initial training was free, trainees were responsible for paying a reduced fee for the consultation.

Veterans receiving treatment completed both a PTSD Checklist [PCL (trauma symptom assessment)] and the Beck Depression Inventory 2 [BDI2 (depression symptom assessment)] session by session. In spite of the limited number of veterans receiving treatment in the program, findings showed that participating veterans experienced significant reductions in symptoms of PTSD and, although not significant, reductions in symptoms of depression.

NOTE: Treatment was also offered to non-veterans with trauma.

NOTE: This could be highlighted as a model for how to get training to corrections clinicians. It gives an example of possibilities that exist to get clinical providers within prison systems to get advanced trainings.

Story of Success

Living a Life Worth Having: Veterans Reentry from Incarceration

Isaiah Thompson joined the military at 22 after finishing college. A successful college athlete, Thompson challenged himself by applying for the Army's Ranger Indoctrination Program and was successfully assigned to the 2nd Battalion (Ranger), 75th Infantry at Joint Base Lewis-McChord in Washington State. Thompson is proud of the skills he brought to his military service and the skills he learned during his training. However, in the late 1980s when he transitioned back to being a civilian, he struggled to find purpose. "When I got out, it was just as though I had never been in the military. I had to start at entry level everywhere and wasn't able to find a career." After a failed



Isaiah Thompson

relationship and continuing employment challenges, Thompson turned to the streets. He struggled with addiction and was eventually arrested for robbery, receiving a long sentence under California's strict "three strikes" sentencing.

"Prison almost saved me," Thompson shared. While in San Quentin Prison, he was part of the pilot for the Alliance for Change, and after graduating, he became their first education/curriculum team leader, then the Vice-President a year later, and eventually president of this non-profit. Thompson also had the courage to try narrative therapy as part of the Veterans Healing Veterans from the Inside Out program. Through his participation Thompson began to find redemption, to forgive himself, and to believe in himself again. He started re-learning leadership skills, pursuing advocacy, and finding a connection to life in the community while he was still incarcerated.

Thompson was able to be released from his sentence early, under California's 1170D resentencing guidelines. He continues to serve with Veterans Healing Veterans from the Inside Out, practicing now as a facilitator of narrative therapy groups, teaching group facilitation skills to case managers and volunteers, and practicing creativity to help other veterans with the transition from prison back to community life. Thompson continued, "After decades of being in a state of deprivation, there's a lot of anxiety. It's hard to engage in life. We're evolving in real time and dealing with real life problems, like navigating relationships and learning to pay bills."

Thompson recently received security clearance from the California State Department of Corrections and Rehabilitation to provide outreach at the Veterans Hub at the state prison in Soledad, California. "It's important to reach back and help others and let them know that with focus and intense work, you can get to the other side of the fence," Thompson said.

Transition Planning

There are several steps one can take to improve transition planning while veterans are incarcerated in a local jail or a state or federal prison. First, identify veterans at intake by using VRSS (Veterans Reentry Search Service)/SQUARES either directly or through partnership with the VA or by obtaining birth certificates, social security cards, and driver's licenses or identification cards. In addition, a facility can connect with a Veteran Justice Outreach Specialist (VJO) or a Health Care for Reentry Veterans Specialist (HCRV) so veterans can access benefits upon release.

Incarcerated veterans can also receive responsive treatment while they are serving time, which can assist in their recovery. Once released, VA can also provide housing services such as emergency, transitional, and permanent housing through partnerships with non-profit organizations (Grant and Per Diem and Supportive Services for Veterans and Families) and partnerships with US Department of Housing and Urban Development (Housing and Urban Development-VA Supported Housing), or referrals for assistance through community agencies. Veterans may also have education benefits through the GI Bill.

Warm hand offs from corrections to community providers can include the sharing of employment opportunities, highlighting homelessness assistance programs to address transitional or permanent housing needs, and identifying and applying for health care enrollment, including mental health and substance use treatment services. The U.S. Department of Veterans Affairs can assist with health care enrollment, mental health and substance use services, and housing.

Coordination of Compensation and Pension Examinations During Incarceration

Veterans Benefits Administration Best Practice Coordination

The VA Central Office Acquisitions Veterans Benefits Administration (VBA) works with correctional facilities to ensure the smooth coordination of Compensation and Pension (C&P) exams. How the appointments for these exams take place is dictated by the correctional facility and can happen in a couple of ways, including telehealth and in person, both at a facility or at an office away from a facility. Management analysts from the VBA Medical Disability Examination Office coordinates with the point of contacts for each state facility to ensure a smooth examination process for incarcerated veterans. If your state is interested in developing this process, please contact the VA.

VA Claim (C&P) Exam Process for Incarcerated Veterans in Virginia

In Virginia, the Virginia Department of Veterans Services (VDVS), the Virginia Department of Corrections (VADOC), and the VA work together to coordinate C&P exams for incarcerated veterans. The VA uses a dedicated electronic mailbox created by VDVS to send C&P exam requests. Once received by VDVS, the exam request is logged in a tracking document with additional information and then forwarded to the VADOC. The VADOC has dedicated staff who receive the exam requests and coordinate the exam at the correctional facilities. The VADOC staff ensure providers' background checks are completed and facility staff are notified. *Please note: During the pandemic, in-person exams were in suspense. The VADOC coordinated virtual behavioral health exams using their telehealth system. Non-behavioral health exams were logged by VDVS as pending, and once in-person exams were resumed, the VA coordinated exams for the back-logged exams.*

Opportunity Tax Credit (WOTC) within one year of their physical release date from prison. The letter also explains that the WOTC is a federal tax credit designed to incentivize businesses to hire from populations that face significant barriers to employment. There are several WOTC

Peer Support Services

Post-Incarceration Engagement (PIE)—now available in Massachusetts and Connecticut, and expanding to Nevada, Texas, and Maine—is a structured peer specialist intervention that pairs a peer who is a veteran with past criminal justice involvement with veterans leaving state prison incarceration. The peer meets with veterans while they are still incarcerated and provides follow-up peer services using a modified critical time intervention structure, which is a system where the peer works with veterans for the last six to nine months of their sentences until they are released from incarceration. Early results indicate that veterans receiving PIE peer services had better engagement with both substance use and mental health treatment services than a matched comparison, and the majority obtained permanent housing.

Employment

Oregon's Department of Corrections provides people newly released from prison with tax credit letters and a job seeker "how to". The letter notifies the employer that those who were formerly incarcerated may qualify for a Work

categories of eligibility for veterans among the reentry population. The letter also speaks to the Federal Bonding Program where employers can receive fidelity bonds, free of charge, as an incentive to hire job seekers who do not qualify for commercial fidelity bonds.

As part of the Reentry Council's work over the years, it hosted a series of Second Chance (Employment) Summits – regional workshops held around the state to engage and educate business communities and local employers on reentry issues and the benefits of hiring people from reentry populations and those involved in the non-prison criminal justice arena. With the goal of educating Oregon businesses and others in the community on the benefits of employing people with criminal records, these regional workshops were designed to enhance partnerships, promote collaborations, and increase opportunities for justice-involved and reentry populations to become contributing members of their communities.

Following a statewide kickoff event, six regional summits were held. Local chambers of commerce, workforce development boards, state and local government agencies, community services, and resource organizations highlighted their work at the summits to encourage sustainable Second Chance Employment progress. During these regional summits, the Oregon Employment Department's representative met with employers to explain all facets of the WOTC and Federal Bonding Program.

Care For Aged and/or Medically Compromised Releasing Veterans

Virginia convenes a workgroup between the Virginia Department of Veterans Services, the VA, and prisons and jails to screen for the need to provide Assisted Living Facility (ALF)/Skilled Nursing Facility (SNF)-level of care to individuals among the justice-involved population. Selected individuals become part of a program administered through partnership between the VA and a community housing provider. Four beds are made available in the Bay area for aged and/or medically compromised veterans in a community home overseen by an in-residence registered nurse. The planned length of stay is six to nine months in preparation for long-term housing. Wrap-around services include accommodation for expedited primary care and neuropsychological assessment.

INTERCEPT 5



Intercept 5 Identifying and Addressing Veterans Needs through Assessment and Case Planning

By Jessica Blue-Howells, Patricia Ceballos, Greg Crawford,
Dr. Patricia Watson, Terri Williams

INTERCEPT 5 involves community-based criminal justice supervision for released individuals with added supports to prevent violations or reoffending. At this stage of the sequential intercept model, there is an opportunity to identify veterans who have not been previously identified in the system and to enroll them in veteran-specific services when they are in transitional housing or halfway houses.

Once justice-involved veterans are released into the community, the goal is to empower them to become independent, build life and work skills, and participate in the services identified in their reentry plan. Collaboration between probation and parole agencies, veteran-specific services, and

behavioral health services are essential to reducing recidivism and promoting recovery. Probation and parole officers can take advantage of information gathered previously in earlier intercepts about a veteran's treatment needs and use that information to refer or place them into specialized services.

For instance, probation and parole officers can assist veterans with enrollment in VA health-care and services prior to their release. VJO officers, HCRV specialists, and staff in transitional housing settings can assist veterans with enrollment in VA and other community-based services following release. At this point, homeless support services and supports for employment and education are especially important for veterans.

A promising approach to increasing veterans' adherence to their reentry plan and reducing recidivism has been the use of veteran peer mentors, which will be discussed further in the next section on veterans treatment courts.

The Importance of JIV at This Intercept

Services at intercept 5 are critical because this is when veterans can leave the criminal justice system. To ensure a successful transition, community corrections professionals can assist veterans with developing a case plan and identifying the services they need to maintain social support systems, avoid recidivism, and reconnect with the community, including family and supportive friends. This support and continuity of care allows veterans to reintegrate in a way that may not have occurred when they left the military. This specific, targeted approach to working with veterans gives them an opportunity to continue their treatment and meet other conditions that were imposed for them during community supervision.

Desired Outcomes

The desired outcome at intercept 5 is sustained recovery and the opportunity for stability in the community with no further contact with the criminal justice system. This can be accomplished through support from community corrections professionals who develop an individualized case plan that recognizes veterans' strengths and needs and helps each of them access services that maximize the potential for success in the domains of health, mental health, substance use

recovery, employment, and housing. The desired outcome of the services offered at this intercept is to further develop the healthy wellbeing of veterans and avoid any new criminal behavior that may return them to the criminal justice system, including the possibility of incarceration.

Story of Success

Peer Reentry Leadership Academy

The San Diego Sheriff's Department partnered with Neighborhood House Association to offer a five-week Peer Reentry Leadership Academy to educate and deliver critical information related to COVID-19 to the reentry population in the department's detention and reentry facilities. The training



Ricardo Davis

also spurred the development of peer reentry leaders and equipped them with the skills to lead individual or group discussion sessions on topics promoting successful reentry, including how and where to access services and how to support individuals in their transition from the detention or reentry facility into the community. The below picture highlights the veterans who graduated from the Peer Reentry Leadership Academy and were previously part of the Veterans Moving Forward program.

The County of San Diego Office of Military and Veterans Affairs has worked hand-in-hand with Veterans Moving Forward (VMF) supporters and mentors from the American Combat Veterans of War (ACVOW). Mr. Ricardo Davis is the first VMF mentor hired by

the county. As the VMF mentor, his responsibilities include being a resource for recently released veterans and supporting their reunification with their families and reentry into their communities. His work with veterans focuses on employment and educational opportunities in the community. Mr. Davis was also selected to be part of the Community Care Coordination for Veterans (C3V) design team and shared his wealth of knowledge with the team from the lens of an alumnus of the program who understands reentry barriers firsthand. In November 2021, Mr. Davis graduated from the first cohort of the Peer Reentry Leadership Academy.

For detailed information on the Peer Reentry Leadership Academy, see the contract documents on the County of San Diego's Department of Purchasing and Contracting site:

(<https://www.sandiegocounty.gov/content/sdc/purchasing/documentum-contract-search.html>) and search for contract number 565376.



Target Population

The target population includes everyone who has served in the United States military. Community corrections professionals have multiple ways of identifying veterans under supervision and can use the information to group these veterans with community corrections agents who can develop specialized knowledge of resource availability.

- Ask “Have you served in the United States military?” to everyone on the—caseload to connect veterans to benefits they have earned.
- Obtain any information the criminal justice system has collected.
- Use a data matching system that identifies veterans. Two are available: VRSS (Veterans Reentry Search Service, <https://vrss.va.gov/>) and SQUARES (Status Query and Response Exchange System, <https://www.va.gov/homeless/squares/index.asp>)

Stakeholders

Community supervision agencies should develop partnerships at the local, state, and federal level to assist in addressing all of the veterans’ needs. Stakeholders may include, but are not limited to, law enforcement, jails, courts, prisons, community-based treatment and service providers, crisis centers, food banks, employers, county or local resources such as education providers, parenting classes, anger management resources, and domestic violence treatment. Other stakeholders may include peer support groups (such as Veterans Moving Forward) and other resources that can be developed.

Key Structural Components

Office location and office space closely located to court, public transportation, and other community-based resources such as a veterans center, veterans service organizations, treatment providers, and the VA are desirable. Also, satellite offices may provide some convenience to veterans who live rural areas. Pre-COVID practices largely included in-person reporting or having a supervising officer make home visits. During COVID and after there has been a shift to a hybrid approach that encompasses in-person reporting, home visits, or virtual appointments and/or treatment.

Assessment

The first principle of evidence-based practice in corrections is that effective treatment and programming decisions must be based on the unique circumstances and needs of each veteran. Determining those circumstances and needs requires screening and assessment, which apply different levels of scrutiny. Screening is the process of evaluating for the presence or absence of a particular problem or condition. They are typically quick, easy to score, and result in categorization of veterans into a few groups. Screening instruments generally do not require advanced training to administer.

Screening can provide basic information about the presence or absence of particular known issues, but without more information it isn't possible to determine the best path forward to address those issues.

Assessment is a process for defining the nature of a problem more fully so that a plan for treatment can be developed. Assessment is more complex than screening in that it usually considers multiple domains and can lead to a more complete diagnosis of a veteran. Assessment instruments are longer than screenings, and they often require specialized training to administer and interpret the data. Assessment can help not only describe the nature of a veteran's problem, but it can also help identify the strengths and barriers expected to affect that veteran's engagement in treatment services.

In the field of corrections, assessment instruments typically measure four overlapping dimensions: criminal history, persistent antisocial lifestyle, psychopathic personality, and substance abuse and mental health issues. Research has indicated that the most commonly used risk and needs assessment instruments can predict who is at risk for recidivism with a moderate level of accuracy.

Intervention/Response

A veteran's risk of criminal behavior can be predicted through validated risk assessment tools. The level of intervention should be matched to the risk level of the veteran. This means that high-risk veterans should be placed in programs that provide more intensive treatment and services while low risk veterans should receive minimal or no intervention. Research on the risk principle suggests that targeting high-risk veterans for programs where they receive intensive

levels of services leads to the greatest reduction in recidivism risk, while placing low-risk veterans in intensive treatment programs actually increases likelihood of recidivism among this group.

The Risk-Need-Responsivity Model: How Do Probation Officers Implement the Principles of Effective Intervention?

The Foundation and Practical Application of Risk, Need, and Responsivity in the Age of Covid-19 and Justice Reform

Measurable Outcomes - Individual, Programs, and Systems Levels

A standardized set of performance and outcome measures should be developed across local, state, and federal jurisdictions to allow criminal justice agencies to empirically examine the relationship between participant service and activity and identified outcomes of interest. For example, does completion of substance use treatment decrease a veterans' substance use risk? Is the provision of housing assistance and transportation resources associated with housing and employment stability? Does completion of individual and/or group counseling associated with mental health improvement carry over? Probation and parole agencies should collect both individual and system-level data for each veteran under supervision. Such data might include physical health data, mental health data, and the availability of community services. Additionally, agencies should track (and identify) recidivism comprehensively.

Data to consider tracking:

- assessment information (see Domains immediately below)
- service attendance/completion
- drug tests
- relapse
- participation in recommended mental health treatment
- psychiatric hospitalizations
- mental health status (eg, via assessment inventory such as Beck Depression Inventory)
- sanctions
- incentive based rewards
- reason for Program Completion Status /Reason for Program Exit

Assessment Data Domains

- time between application and acceptance into programming
- self-help groups
- court appearances
- military demographics
- drug of choice
- mental health diagnosis
- indication of trauma
- offense category
- prior treatment history
- education history
- job history
- use of VA services and resources
- new convictions
- housing
- child support

Justice Involvement Beyond Intercept 5

What happens if progression to the next intercept is unavoidable?

If a veteran under community supervision has violated a condition of supervision, and it appears that that veteran is headed back to jail or prison or that their deferred prosecution may be revoked, the supervising officer should ensure: (1) the veteran is aware of the VA services that are available to him/her while in jail or prison, (2) the VJO/HCRV specialist in that region is aware that the veteran is returning to confinement, and (3) the VJO/HCRV specialist talks to the veteran regarding good decision making and enrolling in veterans programming at the institution or local jail, remaining connected with family members if appropriate and seeking additional counseling and other services.

If Intervention/Response is Unsuccessful/Does Not Meet Need?

If the case plan is not working with the veteran, the supervising officer should bring the stakeholder team together and staff the case. The veteran should be included in the process after the team staffs the case and determine the best path possible with buy-in from the veteran. If the veteran continues resist treatment and the staffing plan, the judge may need to set a hearing to decide the best path forward.

Conclusion

WITH OUR DEDICATION TO LEAVE NO VETERAN BEHIND, America's justice-involved veterans stand worthy of every opportunity to succeed and thrive. This publication reflects a collective effort to maximize the existing and future efforts intended to create that reality. Included for those serving and advocating for these veterans is a roadmap and detail of resources essential for the development of veteran-specific programs at each point of the Sequential Intercept Model. Accentuating the information provided are stories and models of success intended to both inspire and guide. With this, and drawing on the spirit of planning and collaboration central to the provision of care to those who have served, veterans involved with the justice system will be fully afforded the second chance they deserve.

Addendum: Intercept 0-M for Active-Duty Military

By Evan Seamone

Introduction

FOR CONSIDERATION, it is suggested that there be an intercept that serves active duty military members. Because the Sequential Intercept Model was designed to accommodate all persons with mental illness in the criminal justice system, the Sequential Intercept Model did not contain military-specific considerations. This veteran-focused publication proposes a new intercept, Intercept 0-M, to represent possible interventions to address active duty justice-involved members of the military who will become veterans. This extension of Intercept 0 recognizes that it may be possible to preserve partnership with the Veterans Administration and the various benefits available to justice-involved service members so that they will have access to resources following their separation from military service. For veterans, eligibility for benefits can be determinative of eligibility for diversion and deflection opportunities in the civilian community. The absence of these resources can make reentry and rehabilitation more difficult if service members continue to be justice-involved in the civilian community after separation from the service. The success story below reveals the value of addressing military members in a collaborative way, prior to their discharge from the military for misconduct.

Story of Success

(Hypothetical But Based On Actual Events)

Staff Sergeant John Doe was enrolled in a Wounded Warrior Program and suffered from diagnosed post-traumatic stress disorder (PTSD) and traumatic brain injury based on the cumulative effects of five deployments during Operation Iraqi Freedom and Operation Enduring Freedom. Against the medical advice of his doctor, Doe spent a full day drinking alcohol with his friend, another noncommissioned officer, at a celebration to send his friend off for a combat deployment. As a passenger in a vehicle, Doe witnessed his friend being arrested for driving under the influence. The arresting officer directed Doe to stay put in the car and wait for a designated driver to arrive. As Doe's friend was placed in the patrol car, Doe had an episode of PTSD. He felt he had transported back to a battlefield and believed that his friend was in danger. So, Doe retrieved the key to the car, started it, and rammed the patrol car at a rate of speed topping 80 mph. It caused serious injury to himself and his friend.

After processing at the sheriff's department and three months of pretrial incarceration without medical treatment from the military, Doe was returned to military custody pending trial. The military command was clear that it would be sending Doe to a general court-martial to face military punishment independent of punishment from the State of East Carolina where the offenses occurred. Doe clearly needed to be placed on a medical regimen consistent with the care he was receiving before the accident. However, the only option appeared to be pretrial confinement in a local jail near the military base where the ability to provide medical treatment would be limited. The military command did not know how to address Doe's need for oversight, especially regarding the danger that he would continue to misuse alcohol. Doe further lacked trust in the military's interest in his well-being.

After some thought, Doe's civilian defense attorney and his military counsel met with the chief of the criminal law division at the base. Together, they called the local veterans treatment court in West Carolina where the base was located. They asked the coordinator about the conditions that the veterans treatment court imposes under similar circumstances. The attorneys then asked Doe whether he would be willing to adopt a similar community supervision plan within the military context with the goal of enabling him to obtain superior medical treatment as his charges were pending. Because the military lacks probation or pretrial services officers, the military justice division agreed that it would produce a letter at the end of each week to confirm that Doe complied with the conditions of the community supervision agreement. Doe had the incentive of collecting these letters for presentation to sentencing authorities at the time of his trial. Doe agreed to the terms and signed the agreement along with his military commander and attorney. A redacted version of that document appears at the link below.

cont'd on page 96

Proposed Conditions to Aid in the Effective Treatment of Staff Sergeant Doe

In re Treatment of)
Staff Sergeant John Doe)
X Company, Y Battalion, Z Regiment)
Fort Davis, WC 02294)
)

AGREEMENT

The purpose of this document is to propose an agreement of terms between Staff Sergeant (SSG) John Doe and his command that will ensure the optimal treatment of SSG Doe and demonstrate SSG Doe's ability to comply with the terms of his treatment. The proposal of these terms was initiated by SSG Doe through his legal counsel, Mr. Reginald Smith; these terms are entered into voluntarily. This agreement in no way constitutes punishment, nor is it related to any past criminal activity of SSG Doe.

SSG Doe by and through his legal counsel voluntarily agrees to abide by the following provisions:

- SSG Doe will not consume any alcohol. SSG Doe will not have alcohol in his barracks. SSG Doe will further submit to random alcohol testing, subject to the provisions of "paragraph 5," below.
- SSG Doe will take all prescribed medications in the manner prescribed.
- SSG Doe will account for all weapons in which he has a property interest by serial number (or description, if none is available) and surrender all such weapons to his command for secure storage with the understanding that this property will be returned to him at a later date. Weapons include (but are not limited to) ALL firearms, bullets/shells/rounds, knives, explosives, bows, arrows, clubs, batons, brass knuckles, etc.
- SSG Doe will make face-to-face contact with his platoon sergeant at least twice daily on duty days. Additionally, on non-duty days, SSG Doe will physically check in with the battalion staff duty NCO at Davis Hall once between 1000-1200 hrs. and once again between 1800-2000 hrs. The battalion staff duty NCO will maintain his check-in times in the staff duty log.
- SSG Doe will remain within the limits of the Fort Davis Military Installation unless given express, written permission by his direct chain of command.

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Proposed Conditions to Aid in the Effective Treatment of Staff Sergeant Doe *cont'd from page 93*

– On any occasion SSG Doe is given permission to leave Fort Davis Military Installation, SSG Doe agrees to be accompanied by a noncommissioned officer of higher rank who will account for his whereabouts and activities. If SSG Doe is ever out of direct contact with such officer, SSG Doe will ensure such officer has a way to contact him at all times.

In consideration of the above listed voluntary provisions, SSG Doe's Command agrees to the following:

- If SSG Doe submits a written request to leave the Fort Davis Military Installation at least 24 hours before requested departure, his Command agrees to do their best to support his request. If the request cannot be granted, a written denial and explanation will be provided to SSG Doe and his counsel. The Command will deliver such writing to counsel via email.
- In the event that SSG Doe is permitted off the Fort Davis Military Installation and is accompanied (IAW "paragraph 2") by a superior noncommissioned officer, such officer will cause the least interference possible while still maintaining accountability of SSG Doe's whereabouts and activities. This includes non-interference with personal conversations.
- The Command will make all reasonable efforts to ensure that SSG Doe can maintain contact with his counsel.
- The Command will conduct a mandatory review of the terms listed in "paragraph 2," and compliance therewith, at least once every 7 days. The parties expect that compliance with these terms will result in decreasing supervision and accountability measures at the command's discretion. Upon review, the Command will report in writing whether SSG Doe has complied with such terms. If the Command finds that he has not complied with the terms, the Command will specify occasions of non-compliance in the report. A copy of any such report will be furnished to SSG Doe and his counsel. The Command will deliver such writing to counsel via email.
- In order to ensure compliance with term "a" in "paragraph 2," the Command may test for alcohol consumption through the use of blood testing, breathalyzer, or cheek swab/swipe. Such testing is subject to the following conditions:
 - The Command will direct/conduct no more than 3 tests (of any type) in any 7-day period.
 - The Command will direct/conduct no more than 1 blood test in any month.

cont'd on page 96

Proposed Conditions to Aid in the Effective Treatment of Staff Sergeant Doe *cont'd from page 94*

Testing may occur anywhere on the Fort Davis Installation (including Davis Army Community Hospital, the Military Police station, etc.) at the convenience of the Command.

- If testing is conducted in compliance with these terms, SSG Doe agrees that all testing is done with his consent as defined in Military Rule of Evidence 314 (e) (consent searches). Hence, any claims under Military Rules of Evidence 312 (bodily intrusions), 315 (probable cause), and 316 (seizures) are forfeited.
- SSG Doe and his Command will abide by/support/facilitate all treatment plans dictated by medical and mental health providers. This includes the timely and accurate consumption of all prescribed medication.
- This document is intended to demonstrate a “meeting of the minds” between SSG Doe and his Command concerning the most beneficial way to ensure SSG Doe’s effective treatment. This document (or breach of this agreement) does not impute personal or official liability upon SSG Doe’s counsel, the government, or members/representatives of SSG Doe’s Command. This document will not give rise to any cause of action in any civil, federal, or military court.
- SSG Doe recognizes that he is subject to the lawful orders of his superiors and to the Uniform Code of Military Justice. In no way does this agreement supersede or relieve him of the responsibility to comply with such mandates.

JOHN DOE
SSG, USA
X Company, Y Battalion

REGINALD A. SMITH
ATTORNEY AT LAW
West Carolina Bar

WALTHER G.BROCKTON
LTC, IN
Commanding

cont'd from page 92

Fortunately, Doe abided by all of the terms and did not have to be placed in pretrial confinement again during the six months prior to his court-martial. In fact, the veterans treatment court agreed to take on SSG Doe as a participant (even though many of his offenses were military in nature and did not occur in the state) and his participation became a condition of a plea agreement for a suspended sentence of confinement. SSG Doe did not have to serve any of his 18-month sentence given his successful completion of the veterans treatment court program.

Background

Traditionally, the Sequential Intercept Model considers opportunities to divert civilians from criminal consequences at four stages of justice involvement. Intercept 0 represents community interventions, Intercept 1 represents the stage of initial engagement with law enforcement, and so on. When considering the range of intercepts for military members and veterans, it is important to consider opportunities for diversion from military justice consequences—prior to discharge from the Armed Forces for those who are serving in the military at the time of justice involvement. Although there is no formal recognition of an additional intercept 0-M, the National Institute of Corrections' Justice-Involved Veterans Network (JIVN) supports consideration of this additional intercept point as a preliminary concern when addressing the needs of active duty military personnel.

At the 0-M stage, a primary consideration is diversion from the consequences of a stigmatizing military discharge. Not all discharges are created equally. Research has begun to show that service members who are involuntarily separated from the military prior to their contracted end-of-service date face higher risk of adverse outcomes, including mental health problems, substance abuse disorder, homelessness, suicide, and challenges to employability and financial stability. However, for those discharged with administrative other-than-honorable (OTH) discharges or punitive bad conduct discharges (BCD) or dishonorable discharges (DD), the consequences are several times worse.

The reason is that the OTH, BCD, and DD impose limitations on the receipt of benefits from the VA and other sources. In modern times, the most frequent scenario is a service member who deployed multiple times, demonstrates mental health conditions based on military service,

Summary of Stigmatizing Discharge Types

Issued through nonpunitive administrative procedures that do not result in conviction.

1. The Administrative “Blue” Discharge (1916–1947)
2. The Administrative Undesirable Discharge (1947–1976)
3. The Administrative Under Other Than Honorable Conditions Discharge (1976–present)

Issued only as a result of a sentence following conviction at court-martial by a military judge or jury

4. The Court-Martial Adjudicated Bad-Conduct Discharge
5. The Court-Martial Adjudicated Dishonorable Discharge
6. The Court-Martial Adjudicated Officer Dismissal

(Seamone, 2019: p. 30 fig. 3)

and then self-medicated with alcohol and/or narcotics (prescription and/or illegal). Eligibility for most VA benefits is based upon discharge from active military service under other than dishonorable conditions. Eligibility for each benefit is different, and VA encourages applying even if a Veteran has been found not eligible in the past, since eligibility criteria are updated frequently.

With the growing costs of holding a court-martial, the legal requirements to bring witnesses in person, there has been a recent shift to handle criminal offenses through administrative proceedings that offer fewer rights. It is important to note that a general discharge, while less than fully honorable, will prevent a veteran from obtaining GI Bill educational benefits but not vocational rehabilitation or service-connected disability compensation if the veteran is otherwise eligible.

Diversion from an Other than Honorable, Bad Conduct, or Dishonorable Discharge is a major intervention point for Intercept 0-M, and it requires coordination with military commanders and military leadership to be effective. The primary inquiry is how far along a given military member is in the military justice process to gauge diversion efforts. The ideal time to intervene is prior to the issuance of the discharge, preferably while the offense is still being investigated or while the command is still deciding what action to take. At these stages, if the crime does not involve sexual assault, it may be possible to develop an alternative to stigmatizing discharge

by working with the military Judge Advocate General's department and military member's leadership. Even in circumstances where an administrative separation proceeding or a court-martial has been scheduled but has not yet occurred, there is ample room to initiate diversion interventions.

When it has been determined that a service member will receive a stigmatizing military discharge, there are still opportunities to assist. Normally, when a military member receives an administrative OTH discharge, he or she loses the right to transport of personal goods and other military benefits that are normally provided upon separation. The service member may not be permitted to attend normal separation transition briefings and instead may have a separation packet walked through each of the normal transition steps by an escort. Prior to being separated, the service member will normally be ordered not to return to the military installation or face prosecution for criminal trespass. Due to the hurried and often humiliating process of separation following receipt of a stigmatizing discharge, the veteran faces substantial risks. Intervention at this stage should include efforts to provide transition counseling and assistance prior to departure from the front gate to decrease the chances of an emergency situation following separation.

Another important point to note about the military justice process is that the military does not have standing courts. This means that a court-martial happens when ordered by a commanding general or court-martial authority and ends when the proceedings are over. The military has no probation officers and no pretrial services officers. Nearly all responsibility for oversight of an offender from arrest to separation falls primarily upon the unit commander. In some situations, there may be a separate command set up for offenders, but this is not normally permitted prior to trial based upon the prohibition on unlawful pretrial punishment. Normally, all community supervision falls upon the first sergeant, company commander, and noncommissioned officer escorts. These key stakeholders do not receive any formalized training in the supervision of offenders and will often resort to military orders, sign-in requirements, and prohibitions on leaving the company area or military installation as a means of oversight. In many instances, the lack of constructive alternatives further stigmatizes service members and can lead to additional acts of military misconduct.

If possible, coordination with civilian resources, programs, and community supervision can play a crucial role in ensuring a more positive and initial rehabilitative experience for the service member and the community that will receive him or her.

Target Population

SIM Intercept 0-M interventions occur while a service member is still under the jurisdiction of the military and preferably prior to military discharge. Even where it is not possible to suspend or otherwise prevent a stigmatizing military discharge, effective counseling and transition assistance can be pivotal in preventing recidivism in the civilian justice system.

Stakeholders

To a large extent, even though Congress has recently enacted laws to provide checks on the discretion of commanders in cases involving sexual assault, those commanders still retain immense authority in disposing nonsexual assault cases. The Uniform Code of Military Justice requires individualized consideration of the military member and the offense when deciding what action to take. Uniform punishments are not applied in a blanket fashion except in cases of sexual assault and egregious cases (e.g., mandatory lifetime incarceration for murder). Commanders are to evaluate numerous factors when deciding what action to take, and no punishment at all theoretically remains a viable option. Tools that commanders may use include write-ups, nonjudicial punishment that could result in forfeiture of pay or reduction in rank, and even a summary court-martial, which is an administrative tool that can result in a short period of incarceration for those who are junior in rank. All of these tools, short of administrative discharge or court-martial, are thought to be forms of rehabilitation. However, in many cases, the receipt of a letter of reprimand from a general or nonjudicial punishment may lead to eventual involuntary separation for poor duty performance.

The court-martial and the administrative hearing are tools to determine whether a crime occurred and what the punishment (or discharge characterization) should be if a crime did occur. There are ample opportunities in both courts-martial and administrative separations to negotiate with a commander and also to reach a plea agreement that contemplates a suspended sentence that would be remitted upon the conclusion of a set amount of time. In cases where commanders would not want to see the service member return to the military following

treatment, it would be optimal to offer solutions that remove him or her from the military setting during the period of suspension and that permit the member to take part in community services outside of the military, or at least in tandem with military medical services.

Stakeholders include:

- General Officer Commanders Empowered to Convene Courts Martial or Administrative Separations (oftentimes this is the installation commander)
- Staff Judge Advocate Officer (attorney for the command)
- Immediate Chain of Command (e.g., Company Commander, Platoon Leader, First Sergeant, first line leaders)
- Veterans Service Officer (to address the issue of benefits)
- VA Veterans Justice Outreach Specialist
- Local Community Corrections Programs and Personnel (this may include members of a local Veterans Treatment Court)

Tips to Engage Stakeholders

It is highly recommended that local law enforcement, Veterans Justice Outreach, staff judge advocate, trial defense, legal assistance division, and other interdisciplinary members of the civilian and military justice system convene occasionally to address coordination roles for service members who are facing stigmatizing discharge. Presently, there is no mandate from higher levels of military command (such as the joint chiefs or secretary of defense) for such coordination to occur. The approach is more permissive, and there are few prohibitions on collaboration, which makes it possible to develop alternatives to stigmatizing discharge as long as there is local interest and communication.

Memoranda of understanding/agreement can play a crucial role in clarifying roles and responsibilities.

Key Structural Components

Upon receiving a stigmatizing discharge, military members will lose substantial benefits and opportunities for mental health assessment and treatment. For those service members who will not be offered an opportunity to suspend the discharge, the main goal should be to enable them

to document their health condition and obtain records and other evidence that would be necessary if they chose to pursue discharge upgrade and eligibility for federal benefits *prior to their separation* when they still have access to military resources. A transition handbook with recommended steps for service members to take to enhance their chances of better transition from the military is recommended. Prior to this, interim informal guides can be produced and circulated.

Veterans service officers (VSO) from local Veterans Service Organizations are important allies in the process and efforts should be made to connect all military members who receive a stigmatizing discharge with a VSO who can, at no cost, assist the military member in understanding the types of benefits that he or she is still eligible for and/or can apply for notwithstanding the contemplated discharge characterization.

Assessment

Because military discharge characterization can determine quality of life and well-being, it is essential to identify how many terms of honorable service the military member has. If the military member has a DD Form 214 which reflects the completion of an honorable term of service, it is generally the case that a subsequent less-than-honorable discharge would not bar the recipient from receiving the benefits earned during the prior honorable term. This is complicated because the discharge may not represent a completed term but rather continuation of the same period of service. This is where the assistance of a free VSO can be useful. It may be the case that the recipient of a DD would still be eligible for disability compensation and the GI Bill due to a prior period of honorable service. A limitation is that bars to benefits would apply to the injuries incurred during the non-honorable, later period of service.

Another key factor to consider during assessment is the nature of the military offense(s) leading to the stigmatizing discharge. If the offense involves any form of sexual assault, the offender is not likely going to be a candidate for suspension of a sentence or alternative disposition. Congress has legislated punitive discharges for sexual offenses and prevents commanders from being able to set aside or suspend punishment for them. Fortunately, at the present time, there are no mandatory minimum sentences for the types of offenses, such as absence without leave

or possession or use of illegal substances, that are common among service members suffering from invisible wounds of war. By paying careful attention to the nature of the offense(s) and the possible punishment ranges, this will help identify the best candidates for pre-discharge diversion.

Intervention/Response

While a number of informal communication channels exist between military commanders and community resources, formalized agreements will aid in effective intervention. As in other areas where law enforcement and the military interact, such as issuance of protective orders in the case of domestic and interpersonal violence, memoranda of understanding/agreement (MOUs/MOAs) are recommended. Such memoranda are even more important in the military context based on the high level of turnover in garrison and installation commanders, provost marshals, and commanders.

Because, inevitably, some active-duty service members will commit offenses off the military installation in the surrounding community, stakeholders should contemplate the different pathways of punishment facing the service member and intervene accordingly. As noted above, if a service member will ultimately be processed with a stigmatizing discharge and no opportunity for suspension of the discharge, the most effective targeted efforts will focus on preparing that person for life in the community with limited access to supportive resources. Efforts should focus on identifying programs for which he or she may still be eligible and helping him or her develop strategies for obtaining employment with a stigmatizing discharge. For a service member with a suspended discharge, the command may wish to allow him or her to return to duty upon satisfactory completion of a treatment program, and efforts should be made to ensure that the terms of suspension enable full consideration of available options.

The example linked below is an agreement developed between the military and local law enforcement to address military offenders in the civilian court system. It exists for purposes of illustration and highlights the manner in which constructive alternatives can be developed when there is support from the command and the local law enforcement community.

Draft Active Duty/Veterans Treatment Court Memorandum of Agreement

Purpose: Fort Davis wishes to enter into a memorandum of agreement with the Blake County veterans treatment court to standardize the disposition of cases involving active-duty military personnel assigned to Fort Davis.

GENERAL: After more than a decade of sustained combat operations, an increasing number of service members have sustained mental health conditions connected to their service, including post-traumatic stress disorder, traumatic brain injury, and major depression. While statistics vary, a conservative estimate is that approximately 20% of all deployed personnel are affected. Independently, many of the service members who have entered active-duty service will experience mental health conditions during their initial term, because the average age when conditions generally materialize is between eighteen and twenty-five years. Although not all servicemembers or combat veterans will suffer from mental health conditions, a substantial portion of the service members may require treatment. Because untreated mental illness often materializes in symptoms and behavior that can be characterized as criminal, it is foreseeable that some of the active-duty military members apprehended and confined in the Blake County Jail on state charges will require mental health treatment and planning.

AUTHORITY: At present, the court rules and statutory authority for instituting the Blake County Veterans Treatment Court has enabled it to enroll active duty offenders, regardless of whether the servicemember/offender's chain of command supports enrollment or not. From the perspective of military law, Article 14 of the Uniform Code of Military Justice requires the military to surrender active-duty personnel to state authorities for the purpose of criminal prosecution. Although the military retains worldwide jurisdiction to prosecute service members for civilian offenses, the military cannot direct the state regarding when or how to prosecute its case and often must wait until the state has had the opportunity to prosecute before taking independent court-martial action. Numerous observers of incidents of such "concurrent" jurisdiction highlight the need for coordinated responses between civilian and military authorities. Successful completion of suspended sentences will permit active-duty offenders to remain in the military. Moreover, certainty regarding the disposition of a case would allow the military units to better plan for replacements and/or other organizational modifications for those who will be discharged from the military.

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IDENTIFICATION AND CLASSIFICATION OF ELIGIBLE PARTICIPANTS AND RELATED RESPONSIBILITIES:

Active-duty personnel, like all veterans considered by the Blake County Veterans Treatment Court program, will be eligible to participate in the treatment program only if they have a qualifying mental health and/or co-occurring substance abuse condition. Traditionally, active-duty personnel have been referred to the program through law enforcement agencies, military members, outreach efforts, and other impromptu efforts. To improve the chances that truly needy active-duty offenders will be identified as quickly as possible for an eligibility determination, Blake County will take the following steps:

- The Blake County Jail will inquire during the intake process if an individual is stationed at Fort Davis or currently serving in the military. Jail personnel will further attempt independent verification, such as an inventory of personal effects for a military identification card.
- Upon identifying an offender as an active-duty member of the military, the veterans court administrator will further attempt to identify the offender's unit of assignment and contact the military justice primary point of contact to relay the fact that the service member is in custody and is under consideration for eligibility in the Blake County Veterans Treatment Court.

The veterans court administrator will determine whether the service member has the desire to voluntarily enroll in the treatment program if he or she meets the prescribed criteria. If the service member does not desire to participate, this relieves the parties from further obligations respecting treatment planning through the Blake County Veterans Treatment Court program.

The veterans court administrator will obtain a signed release of information that authorizes the transfer of military medical, personnel, and disciplinary records to the state authorities. Such information will provide an extensive history of the offender's service member's experience, disciplinary history, and prior treatment attempts, if any.

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Draft Active Duty/Veterans Treatment Court Memorandum of Agreement *cont'd from page 104*

For all service members accepted into the program, his or her company commander will indicate his or her preference regarding the service member's successful completion of a treatment plan and graduation from the Blake County Veterans Treatment Court, as follows:

TRACK 1: Designates all servicemembers desired for continued service on active duty following rehabilitation with the expectation of adherence to a treatment plan following release.

TRACK 2: Designates all servicemembers desired for elimination from the military following rehabilitation with the expectation of use of community services following release from local custody. Here, despite the involuntary separation of the service member, the commander will agree to initiate a discharge under honorable conditions to preserve the offender's benefits following separation from the service. This includes a general under honorable conditions discharge, which will act as an incentive for the service member to successfully complete the treatment program.

TRACK 3: Designates for extensive treatment all service members who have an acute mental health condition and who require stabilization and potential commitment in a long-term institution.

TRACK 4: Designates all servicemembers desired for elimination from the military following rehabilitation with the expectation that they will receive administrative elimination under other-than-honorable conditions.

For all service members falling within tracks 1 and 2 above, commanders will agree to provide updates to the designated Blake County Veterans Treatment Court point of contact¹ to report any violations of treatment plans developed through the program. Such notice will be timely, and in any event not more than 72-hours following the commander's knowledge of the violation. Likewise, the Blake County Veterans Treatment Court will promptly report all known treatment plan or criminal violations occurring outside of the military setting to the military justice primary point of contact.²

When an offender in any track commits minor misconduct in violation of the treatment plan, which normally includes any type of civilian or federal offense—including *Uniform Code of Military Justice* Offenses under Title 10 of the *United States Code*—the preference will be for the command to recommend a proper remedial measure for implementation by the veterans treatment court judge. Nothing prohibits the command from acting independently in response to the misconduct.

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Draft Active Duty/Veterans Treatment Court Memorandum of Agreement *cont'd from page 105*

For all service members within track 4, where a stigmatizing discharge is expected, the command will assist in providing pre-discharge counseling that includes information on discharge upgrading through discharge review boards, boards for correction of military records, and the Department of Veterans Affairs Character of Service determination process. Efforts will be made to coordinate post-release counseling services with veterans service organizations, such as the Disabled American Veterans and the local veterans center. The command will facilitate these outreach efforts to the extent practicable pending the finalization of the administrative action.

TRICARE BILLING AND COMPENSATION: Under current practice, depending on the needs of a particular participant, the costs of program participation per day will vary by the nature of services provided. As of 2022, the following rates are generally applicable for treatment services rendered:

Case Management	\$97.44 per hour
Transitional Planning	\$83.68 per hour
Crisis Intervention	\$250.00 per hour
Group Therapy	\$105.60 per session
Residential Substance Abuse Treatment	\$400.00 per day
Residential Mental Health	\$175.00 per day (room, board, medication maintenance, and supervision)

Under the terms of this agreement, for each service member considered for enrollment in a Blake County Veterans Treatment Court program, representatives from the county will contact Tricare and determine whether an individual's expenses will be covered. If Tricare does not commit to funding the service member's treatment expenses, Blake County Veterans Treatment Court personnel will attempt to determine whether the Department of Veterans Affairs will cover the costs or provide its own services under liberalized provisions that permit treatment of active-duty offenders by Department of Veterans Affairs entities. If the Department of Veterans Affairs is not able to facilitate treatment requirements through Blake County, the servicemember will be responsible for paying all associated treatment costs.

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Draft Active Duty/Veterans Treatment Court Memorandum of Agreement *cont'd from page 107*

ANTICIPATED ENDSTATE: The following benefits of this Memorandum are anticipated:

Ensuring the safety of Blake County and Fort Davis;

Retaining soldiers in the military where there is a chance for effective rehabilitation;

Instituting a reliable treatment plan even if the service member is separated from the military;

Enabling service members to be discharged with a characterization of service that permits continued receipt of federal entitlements, even if they are separated involuntarily;

Stabilizing high-risk individuals before their return to military control.

EFFECTIVE DATE: This Memorandum of Agreement will become effective upon completion of all signatories.

PERIODIC REVIEW: This Memorandum of Agreement will be reviewed annually by the appropriate authorities.

MISCELLANEOUS: The original of this Memorandum of Agreement will be maintained by the Fort Davis Office of the Staff Judge Advocate, who shall provide copies thereof to all signatories.

SIGNATORIES

Blake County Veterans Treatment Court Judge

Blake County Sheriff

Blake County District Attorney

Fort Davis Garrison Commander

1. The Blake County Veterans Treatment Court point of contact is a state employee who works with the veterans treatment court. This employee is designated as the point of contact for military personnel at Fort Davis with duties related to a state case involving an active duty service member.

2. The military justice primary point of contact is a military member who works with the Fort Davis Office of the Staff Judge Advocate with duties related to a case involving an active duty service member. This military member is designated as the primary contact person for members of the Blake County veterans treatment court.

Measurable Outcomes

For Intercept 0-M, the most important outcomes are:

- Suspended discharges that are remitted based upon successful completion of intensive treatment
- Absence of further misconduct for those pending stigmatizing discharge
- Lack of arrest or conviction following discharge with a stigmatizing discharge.

If Progression To the Next step [Intercept 0] Is Unavoidable

Commanders retain the discretion to impose punishment on service members under their control. A number of factors may influence how the service members are treated. For instance, if an investigation uncovers additional crimes, a commander may be less likely to offer rehabilitative alternatives even if this was an early objective when information was incomplete. Accordingly, Intercept 0-M maintains the underlying objective to inform service members about the effect of stigmatizing military discharges and the kinds of resources that may be available in the community following discharge. In this way, Intercept 0-M increases the chances that the veteran can be helped by other intercepts after separation from the service due to increased availability of benefits at each intercept point.

Resources

Intercept 0

U.S. Department of Veterans Affairs

<https://www.va.gov>

PTSD: National Center for PTSD (VA)

<https://www.ptsd.va.gov>

Veterans Justice Outreach Program

<https://www.va.gov/HOMELESS/VJO.asp>

Health Care for Re-Entry Veterans Services and Resources

<https://www.va.gov/homeless/reentry.asp>

Substance Abuse and Mental Health Services Administration (SAMSHA)

Homeless Programs and Resources

<https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/militar-family-clinic>

Veterans Crisis Line

<https://www.veteran Crisis Line.net>

Bureau of Justice Assistance: Smart Policing Initiative

<https://www.strategiesforpolicinginnovation.com>

Bureau of Justice Assistance: Justice and Mental Health Collaboration Program (JMHCPC)

https://bja.ojp.gov/program/justice-and-mental-health-collaboration-program-jmhcp/overview?Program_ID=66

Bureau of Justice Assistance: Justice Reinvestment Initiative

<https://bja.ojp.gov/taxonomy/term/77291>

Intercept 1

U.S. Department of Veterans Affairs SQUARES

<https://www.va.gov/homeless/squares/index.asp>

The Power of Peer Support (Veterans Health Administration Mental Health Services)

<https://www.mentalhealth.va.gov/docs/peersupport.pdf>

U.S. Department of Veterans Affairs: Police Officer Toolkit

<https://www.ptsd.va.gov/professional/treat/care/toolkits/police/>

Suicide Prevention: Veterans Crisis Line

<https://www.veteranscrisisline.net>

SAMSHA Suicide Prevention Resource Center

<https://www.sprc.org>

Bureau of Justice Assistance: Smart Policing Initiative

<https://www.strategiesforpolicinginnovation.com>

Bureau of Justice Assistance: Justice and Mental Health Collaboration Program (JMHCP)

https://bj.a.ojp.gov/program/justice-and-mental-health-collaboration-program-jmhcp/overvia?Program_ID=66

Bureau of Justice Assistance: Justice Reinvestment Initiative

<https://bj.a.ojp.gov/taxonomy/term/77291>

Cincinnati Program to be Model for New Statewide Response to Veteran Crises

<https://www.wcpo.com/news/our-community/homefront/cincinnati-program-to-be-model-for-new-statewide-response-to-veteran-crises>

BJA Model Deflection Law a Milestone in the Growth of a Winning Strategy
Against Substance Use

https://www.cossapresources.org/Content/Documents/Articles/IIR_Model_Deflection_Law_April_2022.pdf

First Responder Deflection: A Warm Handoff to Services in the Community

<https://www.jcoinctc.org/courses/first-responder-deflection-a-warm-handoff-to-services-in-the-community/>

Want to Reduce Drugs in Your Community? You Might Want to Deflect Instead of Arrest

https://www.policechiefmagazine.org/wp-content/uploads/Policyreform_September2015.pdf

Law Enforcement/First Responder Diversion and Referral Program Mentor Sites

<https://www.cossapresources.org/Learning/PeerToPeer/Diversion/Sites>

DOJ First Responder Deflection Programs in Response to the Opioid Crisis

https://www.cossapresources.org/Content/Documents/Articles/CHJ-TASC_Nation_Survey_Report.pdf

First Responder Deflection Resource Library

<https://www.cossapresources.org/DeflectionLibrary>

National Council for Mental Wellbeing: Deflection and Pre-Arrest Diversion to Prevent Opioid Overdose

https://www.thenationalcouncil.org/program/deflection-and-pre-arrest-diversion-to-prevent-opioid-overdose/?mkt_tok=nzcclu1kri0znzkaaagaxvlyglrbbgrndr3gsmqnaifexnv_qwinqjtvtvnjvqm80xo_weawmrjqmd28eyyazcwo1pygetzmuzoy0vuzerjovzqz9dm8kagme

Intercept 2

U.S. Department of Veterans Affairs

<https://www.va.gov>

PTSD: National Center for PTSD (VA)

<https://www.ptsd.va.gov>

Veterans Justice Outreach Program

<https://www.va.gov/HOMELESS/VJO.asp>

Health Care for Re-Entry Veterans Services and Resources

<https://www.va.gov/homeless/reentry.asp>

Substance Abuse and Mental Health Services Administration (SAMSHA) Homeless Programs and Resources

<https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/militar-family-clinic>

Veterans Crisis Line

<https://www.veterancrisisline.net>

National Center for State Courts: Veterans Court Resources

<https://cdm16501.contentdm.oclc.org/digital/collection/spcts/id/371>

BJA Center for Research Partnerships and Program Evaluation (CRPPE)

<https://bjaj.ojp.gov/program/crppe/smart-suite>

BJA Innovative Prosecution Solutions

https://bja.ojp.gov/program/innovative-prosecution-solutions/overview?Program_ID=121

BJA Justice Mental Health Collaboration Program

https://bja.ojp.gov/program/justice-and-mental-health-collaboration-program-jmhcp/overview?Program_ID=66

BJA Justice Reinvestment Initiative - Maximizing State Reforms

<https://bja.ojp.gov/taxonomy/term/77291>

Intercept 3

U.S. Department of Veterans Affairs

<https://www.va.gov>

PTSD: National Center for PTSD (VA)

<https://www.ptsd.va.gov>

Veterans Justice Outreach Program

<https://www.va.gov/HOMELESS/VJO.asp>

Health Care for Re-Entry Veterans Services and Resources

<https://www.va.gov/homelss/reentry.asp>

National Institute of Corrections

www.nicic.gov

NIC Justice-Involved Veterans

<https://info.nicic.gov/jiv/>

Bureau of Justice Assistance

<https://bja.ojp.gov/>

BJA Adult Drug Court Grant Program

https://bja.ojp.gov/program/adult-drug-court-grant-program/overview?Program_ID=58

BJA Residential Substance Abuse Treatment (RSAT)

https://bja.ojp.gov/program/residential-substance-abuse-treatment-state-prisoners-rsat-program/overview?Program_ID=79

BJA Justice Mental Health Collaboration Program

https://bja.ojp.gov/program/justice-and-mental-health-collaboration-program-jmhcp/overview?Program_ID=66

Justice for Vets

<https://justiceforvets.org/>

Intercept 4

U.S. Department of Veterans Affairs

<https://www.va.gov>

PTSD: National Center for PTSD (VA)

<https://www.ptsd.va.gov>

Veterans Justice Outreach Program

<https://www.va.gov/HOMELESS/VJO.asp>

Health Care for Re-Entry Veterans Services and Resources

<https://www.va.gov/homelss/reentry.asp>

National Institute of Corrections

www.nicic.gov

NIC Justice-Involved Veterans

<https://info.nicic.gov/jiv/>

Bureau of Justice Assistance

<https://bja.ojp.gov/>

BJA Justice Mental Health Collaboration Program

https://bja.ojp.gov/program/justice-and-mental-health-collaboration-program-jmhcp/overview?Program_ID=66

BJA Second Chance Act (SCA) Programs

<https://bja.ojp.gov/taxonomy/term/86411>

The National Reentry Resource Center

<https://nationalreentryresourcecenter.org/>

Intercept 5

U.S. Department of Veterans Affairs

<https://www.va.gov>

PTSD: National Center for PTSD (VA)

<https://www.ptsd.va.gov>

Veterans Justice Outreach Program

<https://www.va.gov/HOMELESS/VJO.asp>

Health Care for Re-Entry Veterans Services and Resources

<https://www.va.gov/homelss/reentry.asp>

National Institute of Corrections

www.nicic.gov

NIC Justice-Involved Veterans

<https://info.nicic.gov/jiv/>

Bureau of Justice Assistance

<https://bja.ojp.gov/>

Justice For Vets

<https://justiceforvets.org/>

BJA Justice Mental Health Collaboration Program

https://bja.ojp.gov/program/justice-and-mental-health-collaboration-program-jmhcp/overview?Program_ID=66

BJA Justice Reinvestment Initiative - Maximizing State Reforms

<https://bja.ojp.gov/taxonomy/term/77291>

Resource Toolkit

EDUCATION AND TRAINING

VA Education Benefits for Incarcerated Veterans: Beneficiaries incarcerated for crimes other than a felony can receive full monthly benefits if otherwise entitled. Convicted individuals residing in halfway houses (also known as “residential reentry centers”) or participating in work-release programs also can receive full monthly benefits.

Claimants incarcerated for a felony conviction can be paid only the costs of tuition, fees, and necessary books, equipment, and supplies. The VA cannot make payments for tuition, fees, books, equipment, or supplies if another federal, state, or local program pays these costs in full.

If another government program pays only a part of the cost of tuition, fees, books, equipment, or supplies, the VA can authorize the incarcerated claimant payment for the remaining part of the costs.

GI BILL

[Chapter 33 - VA Post 9-11 GI Bill](#)

[VA-Supported Correspondence Training](#)

[Choosing a VA-Certified Schools](#)

[Search Site for VA-Certified Schools](#)

The Second Chance Pell Pilot Program (Note: This program is not veteran-specific.)
Please see: [A Snapshot of the First Three Years](#)

Income (Disability Compensation/Service Connection, Pension): [VA Disability Compensation | Veterans Affairs; VA Pension Benefits | Veterans Affairs](#)

Examples of Correspondence Courses

- Ohio University (Athens, OH) – link can be found [here](#)
- [Associate Degrees and Bachelor’s Degrees](#)
- Adams State University Prison College Program – link can be found [here](#)
- Coastline College (CA) – link can be found [here](#)

A Veterans Resource Center is available at each campus [here](#).

Example of On-Site College Programs (Note: This program is not specifically tailored for veterans but is available to veterans.) The use of the GI Bill is unnecessary for this enrollment as all tuition and needed class materials are provided without charge to the student.)

- Mt. Tamalpais College This is a San Quentin-specific program, previously named the Prison University Project, initiated in 1996 and renamed in 2020. It provides classes towards full completion of an associates degree in general studies and is currently establishing the courses.
- California Department of Corrections and Rehabilitation (Note: This program is not veteran-specific.)
- [General Post-Secondary Education Programs](#) (Division of Rehabilitative Programs)

HEALTH CARE

Veterans Benefits Administration: [Veterans Benefits Administration Home \(va.gov\)](#)

Veterans Health Administration: [VA Health Care | Veterans Affairs](#)

Eligibility and Applying for health care enrollment: [Eligibility For VA Health Care | Veterans Affairs](#)

Mental Health, Substance Use, PTSD, Suicide Prevention: [Mental Health Home \(va.gov\)](#)

Life Insurance: [VA Life Insurance | Veterans Affairs](#)

National Cemetery Administration: [National Cemetery Administration \(va.gov\)](#)

Burial and Memorial Benefits: [VA Burial Benefits And Memorial Items | Veterans Affairs](#)

EMPLOYMENT

Examples of employment programs:

- [Oregon Second Chance Employment partnership with Dave’s Killer Bread Foundation](#)
- VA completed a Structured Evidence Review – [“Justice-involved veterans and employment: A systematic review of barriers and promising strategies and interventions”](#)
- Virginia IVTP grantee for the Incarcerated Veteran Transition Program: [Focused Outreach Richmond](#)

Military One Source

- <https://www.militaryonesource.mil/education-employment/for-service-members/employment/employment-the-essentials/> U.S. Department of Labor: Veterans’ Employment and Training Service
- <https://www.dol.gov/agencies/vets>

State Example

- CAL VET
<https://www.ca.vet.ca.gov/jobs>
- Indiana – Department of Corrections Re-Entry Services
<https://www.in.gov/idoc/re-entry/>
- Virginia – DOC Criminal Justice Services
<https://www.dcjs.virginia.gov/correctional-services/grants/papis-virginia-prisoner--reentry-program>
- Virginia Department of Veterans Services Veterans Education, Transition, and Employment (VETE) program
<https://www.dvs.virginia.gov/education-employment>

HOUSING

Home Loan: [VA Housing Assistance | Veterans Affairs](#)

Homeless Programs (outreach, emergency housing, transitional housing, permanent housing, employment services): [VA Homeless Programs](#)

Best practice example of jail reentry working with local continuum of care:

- [Housing Recommendations Implementation Webinar 2: Defining, Screening, and Assessing for Housing Risk - YouTube](#)
- [Housing for Veterans with a sex offense history: Policy and programmatic solutions to address barriers for a high-need population](#)

State Example

- [Returning Home Ohio](#): This is a permanent supportive housing program for individuals being released from the Ohio Department of Rehabilitation and Correction (ODRC) with a disability who were homeless at the time of arrest and/or at risk of homelessness upon release. The project originally started as a pilot project with Corporation for Supportive Housing (CSH) and is now an ongoing collaborative housing program between Community Supportive Services (CSS), ODRC, and CSH. They assist individuals with Serious Mental Illness (SMI), HIV, and co-occurring disorders. They also assist sex offenders.

Recommended tools to ensure equitable and inclusive access:

The National Association of Drug Court Professionals has developed resources around equity and inclusion, including “Achieving Equity in Pretrial Reform,” “Equity and Inclusion Toolkit,” and “Equity and Inclusion Assessment Tool.” <https://www.ndci.org/resource/training/equity/#equity>

The National Institute of Corrections developed a four-part webinar series on [Diversity, Equity, and Inclusion](#).

The Substance Abuse and Mental Health Services Administration developed a self-reflection checklist

[Enhancing Equity in the Criminal Justice System: A Self-Reflection Checklist](#)

National Association for Black Veterans (NABVETS)

<https://nabvets.com>

Black Veterans for Social Justice

<https://bvsj.org>

African-American PTSD Association

<https://aaptsda.org>

Black Veterans Project

<https://www.blackveteransproject.org>

National Council of Asian-American Veterans

<https://namvetsamerica.org/asian-american-council/>

The American-Latino Veterans Association (ALVA)

<https://alvavets.org>

Foundation for Women Warriors

<https://foundationforwomenwarriors.org>

Native-American Veterans Association (NAVA)

<https://www.navavets.org>

Women Veterans Alliance

<https://www.womenveteransalliance.org>

Modern Military Association of America

<https://modernmilitary.org>

Veterans Health Administration (VHA) LGBTQ+ Health Program

<https://www.patiencaare.va.gov/LGBT/>

Center for Minority Veterans (CMV)

<https://www.va.gov/centerforminorityveterans/>

Women Veterans Health Care

<https://www.womenshealth.va.gov>

American Legion War Memorial Commission

<https://alwmcfsf.org/about/veterans-organizations/8th-american-legend-posts/al-post-448/>



Dr. Evan Seamone

The JIVN would like to pay respects to Dr. Evan Seamone who passed away unexpectedly on July 25, 2023. Evan significantly contributed to the content of this publication and many other efforts by the JIVN. He was nationally known and highly regarded. He was a JAG Officer and 20 year U.S. Army veteran, veteran advocate, long time JIVN member, and dedicated his life to trying to help veterans with disability compensation, legal issues, and improving outcomes for justice-involved veterans. Among his colleagues he was thought of as unique in the range and nature of his contribution to the field — he leaves a gaping hole to collectively be filled.

Thank you, Evan, for your service. You will be dearly missed.

LEAVE NO VETERAN BEHIND



National Institute of Corrections

<https://nicic.gov>